

SANTA FE COUNTY
RESOLUTION 2018 - 36

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on April 24, 2018, did request the following budget adjustment:


Department / Division: CMO/Finance Fund Name: Special Appropriation Fund (318)
 Budget Adjustment Type: Budget Increase Fiscal Year: 2018 (July 1, 2017 - June 30, 2018)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
318	0799	371	1000	Grants / State / Severance Tax Projects	\$2,420	
TOTAL (if SUBTOTAL, check here)					\$2,420	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
318	0799	481	8001	Capital Purchases / Buildings & Structures	\$2,420	
TOTAL (if SUBTOTAL, check here)					\$2,420	

Requesting Department Approval:  Date: 4/17/18 Title: _____ Date: _____
 Finance Department Approval:  Date: 4/17/18 Entered by: _____ Date: _____
 County Manager Approval:  Date: 4/24/18 Updated by: _____ Date: _____

SANTA FE COUNTY

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DEPARTMENT CONTACT: Name: Stephanie Scharadin Clarke Dept/Div: CMO/Finance Phone No.: 995-2780

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 1) Please summarize the request and its purpose.

Requesting an increase to the project funding allocation for the East Mountain Health Care Facility and requesting a budget increase in the state special appropriations fund (318) to budget amendment #1 to the grant received for this project which eliminated the AIPP requirement.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount
318-0799-481.80-01	Plan, Design and construct a health care facility in the east mountain area in Santa Fe County	\$2,420

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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DEPARTMENT CONTACT:

Name: Stephanie Schardin Clarke Dept/Div: CMO/Finance Phone No.: 995-2750

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES X NO
If YES, cite statute and attach a copy.

Laws of 2016, Chapter 81, Section 22, Paragraph 191, two hundred forty-two thousand dollars (\$242,000) to plan, design, and construct a health care facility in the east mountain area in Santa Fe County, minus the allocation for Art in Public Places, if applicable, Zero dollars (\$0.00) which equals two hundred forty-two thousand dollars (\$242,000)

- b) Does this include state or federal funds? YES X NO
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of an award letter and proposed budget.
16-A2502 Amendment #1
- c) Is this request is a result of Commission action? YES X NO
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
- d) Please identify other funding sources used to match this request.

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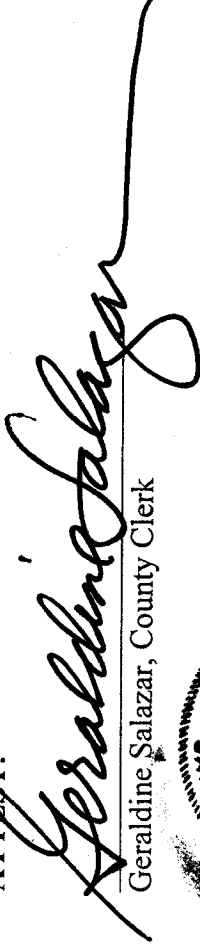
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed this 24 Day of April, 2018.

Santa Fe Board of County Commissioners


Anna Hansen, Chairperson

ATTEST:

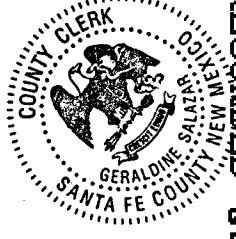

Geraldine Salazar, County Clerk

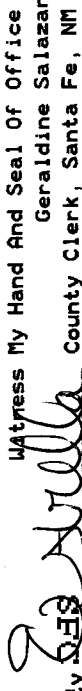


COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for Record On The 27TH Day Of April, 2018 at 04:10:02 PM And Was Duly Recorded as Instrument # 1856143 Of The Records Of Santa Fe County




Geraldine Salazar
County Clerk, Santa Fe, NM

CLERK RECORDED 04/27/2018


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