

## SANTA FE COUNTY

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

Whereas, the Board of County Commissioners meeting in regular session on October 12, 2010, did request the following budget adjustment:Department / Division: Community Services Department/Community Projects Fund Name: State Special Appropriations Fund (318)Budget Adjustment Type: Budget Increase Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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	0751	371	9000	State Grants	10,726	
TOTAL (if SUBTOTAL, check here )					10,726	

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	0751	481	8001	State Other	10,726	
TOTAL (if SUBTOTAL, check here )					10,726	

Requesting Department Approval: [Signature] Title: Community Services Director Date: 9/15/2010Finance Department Approval: [Signature] Date: 9/20/10 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Agnes Lopez Dept/Div: CSD/Community Projects Phone No.: 995-6516

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.  
 The purpose of this request is to budget funds for the Madrid Ball Park Grant Account 318-0751-481-8001 in the amount of \$10,800

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
8001	Madrid Ball Park Structure	\$10,726

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

## DEPARTMENT CONTACT:

Name: Agnes Lopez Dept/Div: CSD/Community Projects Phone No.: 995-6516

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

Grant Agreement 05-L-1615 Between the Department of Finance and Administration and Santa Fe County for \$24,234.32 (attached) was accepted by the BCC, drawn down , and reimbursed in its entirety in June of 2010. The budget for FY11 was only increased by \$14,200 therefore we are requesting the remainder be budgeted in FY11 in the amount of \$10,800 for the construction of the Madrid Ball Park Shelter.

- 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.

Grant Agreement 05-L-1615 Between the Department of Finance and Administration and Santa Fe County for \$24,234.32 (attached) was accepted by the BCC, drawn down , and reimbursed in its entirety in June of 2010. The budget for FY11 was only increased by \$14,200 therefore we are requesting the remainder be budgeted in FY11 in the amount of \$10,800 for the restoration of the grandstand and retaining walls..

- b) Does this include state or federal funds? YES \_\_\_\_\_ NO X  
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 a award letter and proposed budget.
- c) Is this request is a result of Commission action? YES \_\_\_\_\_ NO X  
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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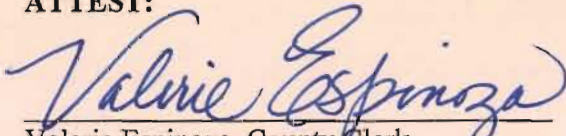
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

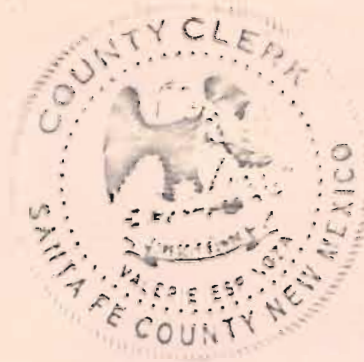
Approved, Adopted, and Passed This 12th Day of October, 2010.

Santa Fe Board of County Commissioners

  
\_\_\_\_\_  
Harry B. Montoya, Chairperson

ATTEST:

  
\_\_\_\_\_  
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE            )  
STATE OF NEW MEXICO        ) ss  
BCC RESOLUTIONS  
PAGES: 4  
I Hereby Certify That This Instrument Was Filed for  
Record On The 13TH Day Of October, 2010 at 10:28:08 AM  
And Was Duly Recorded as Instrument # **1613729**  
Of The Records Of Santa Fe County  
\_\_\_\_\_  
Witness My Hand And Seal Of Office  
Valerie Espinoza  
Deputy \_\_\_\_\_ County Clerk, Santa Fe, NM