

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 November 30, 2010, did request the following budget adjustment:

Department / Division: County Manager / Finance Fund Name: General Obligation Bond Debt Service Fund (401)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
401	0000	385	0700	Budgeted Cash	\$10,107,771.12	
401	0000	360	0301	Investment Income	\$4,513.88	
TOTAL (if SUBTOTAL, check here)					\$10,112,285.00	

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
401	1616	419	9001	Debt Service / Principal Payment	\$9,880,000.00	
401	1616	419	9002	Debt Service / Interest Payment	\$232,285.00	
TOTAL (if SUBTOTAL, check here)					\$10,112,285.00	

Requesting Department Approval: _____ Title: _____ Date: _____

Finance Department Approval: *Wanda Martinez* Date: 11/19/10 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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Page 2 of 4RESOLUTION 2010 - 216*ATTACH ADDITIONAL SHEETS IF NECESSARY.*DEPARTMENT CONTACT: Name: Teresa Martinez Dept/Div: CMO / Finance Phone No.: 986-6375

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.
Request is for an increase to the General Obligation Debt Service Fund (401) to budget cash carryover for an advance refunding of the GOB Series 1999 – Open Space bond for the principal and interest payments that paid off the bond on July 1, 2010.

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

- 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: Teresa Martinez Dept/Div: CMO / Finance Phone No.: 986-6375

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 _____ NO X
If YES, cite statute and attach a copy.
 - 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.
There are no other funding sources 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 30th Day of November, 2010.

Santa Fe Board of County Commissioners

[Handwritten Signature]

Harry B. Montoya, Chairperson

ATTEST:

[Handwritten Signature]

Valerie Espinoza, 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 1ST Day Of December, 2010 at 09:16:30 AM
And Was Duly Recorded as Instrument # 1618517
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy *[Handwritten Signature]* Valerie Espinoza
County Clerk, Santa Fe, NM