

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: 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	0745	385	0600	Budgeted Cash	20,534.95	
TOTAL (if SUBTOTAL, check here)					20,534.95	

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	0745	481	8001	Buildings & Structures	20,534.95	
TOTAL (if SUBTOTAL, check here)					20,534.95	

Requesting Department Approval: [Signature] Title: Director, CPD Date: 10-22-10Finance Department Approval: [Signature] Date: 11/15/10 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/Communtiv 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 Santa Fe Recovery Center Administration Building Grant Account 318-0745-481-8001 in the amount of \$20,534.95. The funds were contributed to the Recovery Center project in Fiscal Year 2010 and but were not budgeted therefore were not rolled forward.

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	Recovery Center Administration Building	\$20,534.95

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

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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.):**

The Recovery Center contributed \$20,534.95 to complete the Administration Building for the Center in Fiscal Year 2010. The funds were received but not budgeted and therefore were not rolled forward to Fiscal year 2011.

- 3) Does this request impact a revenue source? If so, please identify (**state fund account**), 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.

