SANTA FE COUNTY

RESOLUTION 2010 - *230*

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

Whereas, the Board of County Commissioners meeting in regular session on December 14, 2010, did request the following budget adjustment:

Department / Division: _Corrections / Youth Facility_　　　　　Fund Name: __Corrections Operations Fund (247)__

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
247	0000	385	0200	Budgeted Cash	$35,000	
TOTAL (if SUBTOTAL, check here ___)					$35,000	

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
247	1870	426	4001	Maintenance / Buildings & Structures	$35,000	
TOTAL (if SUBTOTAL, check here ___)					$35,000	

Requesting Department Approval:_____ Title:_____ Date:_____

Finance Department Approval: _Susan Marley_ Date: _12/7/10_　　Entered by:_____ Date:_____

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

SANTA FE COUNTY

RESOLUTION 2010 - *230*

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Annabelle Romero   Dept/Div: Corrections   Phone No.: 428-3129

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 Corrections Operations Fund (247) to budget $35,000 of cash carryover to replace sliding doors within the Youth Development Facility.

    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____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Annabelle Romero   **Dept/Div:** Corrections   **Phone No.:** 428-3129

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.

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 14th Day of December, 2010.

Santa Fe Board of County Commissioners

_____
Harry B. Montoya, Chairperson

ATTEST:

Valerie Espinoza
Valerie Espinoza, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 15TH Day Of December, 2010 at 11:15:48 AM And Was Duly Recorded as Instrument # 1620212 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM

Deputy _____