

SANTA FE COUNTY

RESOLUTION 2004 - 151

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, 2004, did request the following budget adjustment:Department / Division: Fire / Forest Restoration Fund Name: EMS Health Care Fund (232)Budget Adjustment Type: New Budget for Grant Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

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
232	0809	372	00-00	Federal Grant	120,000	
TOTAL (if SUBTOTAL, check here)						

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
232	0809	422	10-26	Term Employee	28,676	
232	0809	422	20-01	FICA Regular	1,778	
232	0809	422	20-02	FICA Medicare	415	
232	0809	422	20-03	Retirement Contributions	4,861	
232	0809	422	20-05	Healthcare	3,020	
232	0809	422	20-06	Retirement Health Care	250	
232	0809	422	30-01	In-State Mileage	280	
232	0809	422	30-03	In-State Lodging	450	
232	0809	422	50-03	Professional Services	20,025	
232	0809	422	50-90	Other Contractual Services	55,000	
232	0809	422	60-01	Inventory Exempt Supplies	5,245	
TOTAL (if SUBTOTAL, check here)					120,000	

Requesting Department Approval: [Signature] Title: Chief, Santa Fe County Fire Department Date: 11/17/04Finance Department Approval: [Signature] Date: 11-19-04 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

RESOLUTION 2004 - 151

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Donna Morris Dept/Div: Fire Administration/Fire Prevention Phone No.: 992-3082

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 EMS Health Care Fund/Fire Department-DFR Project to budget a Collaborative Forest Restoration grant agreement awarded through the U.S. Department of Agriculture Forest Service for expenditure in fiscal year 2004 (grant attached).
- 2) **Why was this request not included in the Fiscal Year 2005 Operating Budget?**
During the preparation of the FY 05 Operating Budget Process, this information was unknown.
- 3) **Is the transfer recurring or non-recurring and what are the future funding impacts of this request?**
This transfer is non-recurring. The Fire Protection Fund, if any, will cover future funding impacts.
- 4) **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, cite statute and attach a copy.**
This request is not a state special appropriation.
 - b) **If this is a state or federal grant, cite grant name, number, award date and amount.**
This is a federal grant no. 04-DG-11031000-033, awarded on July 8, 2004 in the amount of \$360,000 to be dispersed at \$120,000 per year for three years.
 - c) **If this request is a result of Commission action, please cite and attach a copy of supporting documentation.**
This request is not the result of Commission action.
 - d) **Please identify other funding sources that can be used to match this request.**
The salary of the County's Fire Marshall and Open Space division director as well as supply items within funds 101 and 232 have been identified for the required match of 25% or \$30,000.
- 5) **If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.**
This request does not impact the Capital Purchases category.
- 6) **Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.**

This request will create one term employee position for the life of the grant (three years), and this term employee position type will be project leader.

RESOLUTION 2004 - 151

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, 2004.

Santa Fe Board of County Commissioners

Paul Campos, Chairperson



Rebecca Bustamante, County Clerk

Approved As To Form.

By Stephen Ross, County Attorney

