

**RESOLUTION 2005 - 91**

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

Whereas, the Board of County Commissioners meeting in regular session on June 28, 2005, did request the following budget adjustment:

Department / Division: Fire /Emergency Preparedness Fund Name: Emergency Preparedness Fund (232)

Budget Adjustment Type: Budget Decrease for EMPG 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	0808	372	00-00	Federal Grant		8,114.50
232	0808	380	01-00	Emergency Preparedness JPA (City of Santa Fe)		4,057.25
232	0000	385	02-00	Budgeted Cash / EMS Health Care (County)		4,057.25
<b>TOTAL (if SUBTOTAL, check here )</b>						<b>16,229.00</b>

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	0808	422	10-21	Salary & Wages/Exempt Employees		3,800.00
232	0808	422	20-03	Employee Benefits / Retirement Contributions		2,000.00
232	0000	422	20-05	Employee Benefits / Healthcare		5,300.00
232	0808	422	50-03	Contractual Services / Professional Services		2,345.00
232	0808	422	60-02	Supplies / Safety Supplies		1,000.00
232	0808	422	60-07	Supplies / Office Supplies		1,784.00
<b>TOTAL (if SUBTOTAL, check here )</b>						<b>16,229.00</b>

Requesting Department Approval: *Stan Holder* Title: Chief, Santa Fe County Fire Department Date: 6/20/05

Finance Department Approval: *Juan J. Luna* Date: 6-21-05 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Donna Morris

Dept/Div: Fire / Emergency Preparedness

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.):**

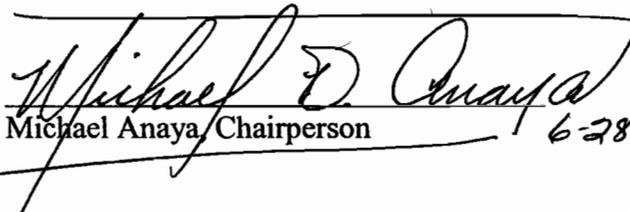
- 1) **Please summarize the request and its purpose.**  
Requesting a budget decrease to the Emergency Preparedness Fund/Fire Department to realign with the EMPG Grant awarded to the County of Santa Fe by The State of New Mexico Office of Emergency Services Department for expenditure in fiscal year 2005 (grant attached).
- 2) **Why was this request not included in the Fiscal Year 2005 Operating Budget?**  
This specific grant amount was unavailable during the fiscal year 2005 Operating Budget Process.
- 3) **Is the transfer recurring or non-recurring and what are the future funding impacts of this request?**  
This transfer is non-recurring and there are no 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.**  
Department of Public Safety, Office of Emergency Management  
Number: 2005-GE-T5-0012-SF Amount: \$62,331.50 City/County Match: \$31,165.75 each
  - 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.**  
All funding sources have been identified
- 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 has no FTE impact.

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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 28<sup>th</sup> Day of June, 2005.

Santa Fe Board of County Commissioners

  
Michael Anaya, Chairperson 6-28-05

  
ATTEST  
Valerie Espinoza, County Clerk 6-28-05

Approved As To Form.

By   
Stephen Ross, County Attorney



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
BCC RESOLUTIONS  
PAGES: 3  
I hereby certify that this instrument was filed for  
Record on the 29TH Day of June, A D . 2005 at 09 27  
And was duly recorded as Instrument # 1386549  
of the Records of Santa Fe County  
Witness My Hand And Seal Of Office  
Valerie Espinoza  
County Clerk Santa Fe, NM