

SANTA FE COUNTY

RESOLUTION 2006 - 48

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

Whereas, the Board of County Commissioners meeting in regular session on March 28, 2006, did request the following budget adjustment:

Department / Division: Fire Administration / All Fire Districts Fund Name: Fire Fund (209)

Budget Adjustment Type: Budget Increase Fiscal Year: 2006(July 1, 2005- June 30, 2006)

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
209	0843	371	18-00	State Grants / HB8 Fuel/Heating	6,594.90	
209	0831	371	18-00	State Grants / HB8 Fuel/Heating	4,540.20	
209	0833	371	18-00	State Grants / HB8 Fuel/Heating	10,020.70	
209	0832	371	18-00	State Grants / HB8 Fuel/Heating	9,507.10	
209	0844	371	18-00	State Grants / HB8 Fuel/Heating	4,882.00	
209	0842	371	18-00	State Grants / HB8 Fuel/Heating	5,138.90	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					40,683.80	

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
209	0843	422	30-05	Travel/Gas & Oil	6,594.90	
209	0831	422	30-05	Travel/Gas & Oil	4,540.20	
209	0833	422	30-05	Travel/Gas & Oil	10,020.70	
209	0832	422	30-05	Travel/Gas & Oil	9,507.10	
209	0844	422	30-05	Travel/Gas & Oil	4,882.00	
209	0842	422	30-05	Travel/Gas & Oil	5,138.90	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					40,683.80	

Requesting Department Approval: *Stan Holden* Title: Chief, Santa Fe County Fire Department Date: 3/14/06

Finance Department Approval: *[Signature]* Date: 3/21/06 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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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
209	0834	371	18-00	State Grants / HB8 Fuel/Heating	7,023.20	
209	0840	371	18-00	State Grants / HB8 Fuel/Heating	6,594.90	
209	0835	371	18-00	State Grants / HB8 Fuel/Heating	6,594.90	
209	0841	371	18-00	State Grants / HB8 Fuel/Heating	3,254.80	
209	0845	371	18-00	State Grants / HB8 Fuel/Heating	4,625.20	
209	0836	371	18-00	State Grants / HB8 Fuel/Heating	7,023.20	
209	0837	371	18-00	State Grants / HB8 Fuel/Heating	6,594.90	
209	0839	371	18-00	State Grants / HB8 Fuel/Heating	7,880.10	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					90,275.00	

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
209	0834	422	30-05	Travel/Gas & Oil	7,023.20	
209	0840	422	30-05	Travel/Gas & Oil	6,594.90	
209	0835	422	30-05	Travel/Gas & Oil	6,594.90	
209	0841	422	30-05	Travel/Gas & Oil	3,254.80	
209	0845	422	30-05	Travel/Gas & Oil	4,625.20	
209	0836	422	30-05	Travel/Gas & Oil	7,023.20	
209	0837	422	30-05	Travel/Gas & Oil	6,594.90	
209	0839	422	30-05	Travel/Gas & Oil	7,880.10	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					90,275.00	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Donna Morris

Dept/Div: Fire Admin. / All Fire Districts

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 approval for a budget increase to the Fire Fund to budget fuel assistance allotments for all districts for expenditure in FY-06.
- 2) **Why was this request not included in the fiscal year 2006 Operating Budget?**
During the preparation of the FY-06 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 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.**
This request is not a state or federal grant.
 - 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, please see the attached disbursement letter.
- 5) **If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.**
This request will 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.

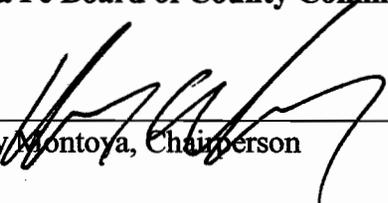
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 28th Day of March 2006.

Santa Fe Board of County Commissioners



Harry Montoya, Chairperson





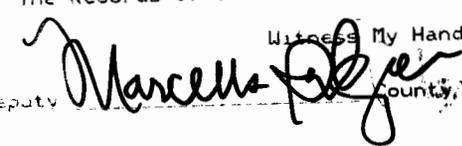
Valerie Espinoza
County Clerk

Approved As To Form.

By 

Stephen Ross, County Attorney



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 4
I Hereby Certify That This Instrument Was Filed for
Record On The 6TH Day Of April, A.D., 2006 at 14:56
And Was Duly Recorded as Instrument # 1427712
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
 Valerie Espinoza
Deputy County Clerk, Santa Fe, NM