

**SANTA FE COUNTY**

**RESOLUTION 2007 - 56**

**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 27, 2007 did request the following budget adjustment:

Department / Division: Fire Administration / All Fire Districts Fund Name: Impact Fees Fund (216)

Budget Adjustment Type: Budget Increase Fiscal Year: 2007(July 1, 2006- June 30, 2007)

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
216	0843	341	16-02	Impact Fees	46,368	
216	0831	341	16-02	Impact Fees	1,638	
216	0833	341	16-02	Impact Fees	21,063	
216	0832	341	16-02	Impact Fees	36,323	
216	0844	341	16-02	Impact Fees	1,010	
216	0842	341	16-02	Impact Fees	4,154	
<b>TOTAL (if SUBTOTAL, check here <u>X</u>)</b>					110,556	

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
216	0843	422	80-01	Capital Purchases/Buildings & Structures	46,368	
216	0831	422	80-01	Capital Purchases/Buildings & Structures	1,638	
216	0833	422	80-01	Capital Purchases/Buildings & Structures	21,063	
216	0832	422	80-01	Capital Purchases/Buildings & Structures	36,323	
216	0844	422	80-01	Capital Purchases/Buildings & Structures	1,010	
216	0842	422	80-01	Capital Purchases/Buildings & Structures	4,154	
<b>TOTAL (if SUBTOTAL, check here <u>X</u>)</b>					110,556	

Requesting Department Approval: *Stan Holder* Title: Chief, Santa Fe County Fire Department Date: 3/05/07

Finance Department Approval: *Mon M...* Date: 3/5/07 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
216	0834	341	16-02	Impact Fees	5,847	
216	0840	341	16-02	Impact Fees	66,453	
216	0835	341	16-02	Impact Fees	10,133	
216	0841	341	16-02	Impact Fees	110	
216	0836	341	16-02	Impact Fees	13,435	
216	0837	341	16-02	Impact Fees	6,313	
216	0838	341	16-02	Impact Fees	25,217	
216	0839	341	16-02	Impact Fees	9,175	
<b>TOTAL (if SUBTOTAL, check here ___)</b>					<b>247,239</b>	

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216	0837	422	80-01	Capital Purchases/Buildings & Structures	6,313	
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216	0838	422	80-01	Capital Purchases/Buildings & Structures	9,175	
<b>TOTAL (if SUBTOTAL, check here ___)</b>					<b>247,239</b>	

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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 Impact Fee Fund to budget all districts' impact fee revenue for the period of July 1<sup>st</sup> through December 31<sup>st</sup> for expenditure in FY-07.
- 2) **Why was this request not included in the Fiscal Year 2005 Operating Budget?**  
During the preparation of the FY-07 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
- 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 impact the Capital Purchases category for all fire districts, as the spending of impact fees is restricted to capital purchases.
- 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 27th Day of March 2007.

Santa Fe Board of County Commissioners

*Virginia Vigil*  
Virginia Vigil, Chairperson



ATTEST:

*Valerie Espinoza*  
Valerie Espinoza, County Clerk

Approved As To Form.

By *Stephen Ross*  
Stephen Ross, County Attorney

COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
I Hereby Certify That This Instrument Was Filed for  
Record On The 28TH Day Of March, A.D., 2007 at 10:42  
And Was Duly Recorded as Instrument # 1476380  
Of The Records Of Santa Fe County  
Deputy *Valerie Espinoza* )  
Witness My Hand And Seal Of Office  
Valerie Espinoza  
County Clerk, Santa Fe, NM