

RESOLUTION 2009 - 146

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

Whereas, the Board of County Commissioners meeting in regular session on August 25, 2009, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Chimayo Fire District Grant (244)

Budget Adjustment Type: Budget Increase Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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
244	0831	385	02-00	Budgeted Cash/Vehicle Grant	100,000	
					100,000	

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
244	0831	422	80-09	Capital Purchases/Vehicles	100,000	
					100,000	

Requesting Department Approval: Stan Holden Title: Chief Date: 8/03/09
 Finance Department Approval: Jason Martinez Date: 8/18/09 Entered by: _____ Date: _____
 County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Donna Morris Dept/Div: Fire Department/Administration 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 BCC approval for a budget increase to the Chimayo Fire District (244) Fund to carry forward the available cash balance of previously budgeted vehicle grant money for expenditure in FY-2010. The grant money was not expended in FY-09 due to procurement issues.

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
80-09	Class A Pumper Truck	100,000

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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DEPARTMENT CONTACT:

Name: Donna Morris Dept/Div: Fire Department/Administration 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.):

- 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
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.
\$20,000 of Chimayo Fire District Impact Fees will be utilized as a match for this grant.

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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 25th Day of August, 2009.

Santa Fe Board of County Commissioners

[Handwritten signature of Michael Anaya]

Michael Anaya, Chairman

ATTEST:

[Handwritten signature of Valerie Espinoza]

Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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Hereby Certify That This Instrument Was Filed for Record On The 25TH Day Of August, 2009 at 03:41:05 PM And Was Duly Recorded as Instrument # 1575231 of The Records Of Santa Fe County

[Handwritten signature of Valerie Espinoza]
deputy _____
Witness by Hand And Seal Of Office Valerie Espinoza
County Clerk, Santa Fe, NM