

# SANTA FE COUNTY

## RESOLUTION 2010 - 30

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

Whereas, the Board of County Commissioners meeting in regular session on February 23, 2010, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: General Fund (101) and Fire Tax ¼% Fund (222)

Budget Adjustment Type: Budget Transfer Between Funds 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
101	0000	390	0222	Operating Transfer In / From Fund 222	38,079.13	
<b>TOTAL (if SUBTOTAL, check here )</b>					38,079.13	

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
101	0902	417	1025	Salary & Wages / Overtime	8,214.40	
101	0902	417	3005	Travel / Gas & Oil	267.55	
101	0902	417	7003	Other Operating Costs / Telephone	246.48	
101	0902	417	5003	Contractual Services / Professional Services	23.94	
101	0902	417	7001	Other Operating Costs / Rent of Equipment	733.60	
101	0902	417	7036	Other Operating Costs / Postage & Mail Service	229.00	
<b>TOTAL (if SUBTOTAL, check here X )</b>					9,714.97	

Requesting Department Approval: *Stan Holden* Title: \_\_\_\_\_ Chief Date: 2/15/10

Finance Department Approval: *Suman M. Arora* Date: 2/15/10 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: *RA* Date: 3/2/10 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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### BUDGET ADJUSTMENT CONTINUATION SHEET

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
<b>TOTAL (if SUBTOTAL, check here )</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
101	0902	417	6007	Supplies / Office Supplies	805.14	
101	0902	417	7028	Other Operating Costs / Judges / Poll Clerks	13,456.00	
101	0902	417	7002	Other Operating Costs / Rent of Land/Buildings	625.00	
101	0902	417	6004	Supplies / Election Supplies	12,998.40	
101	0902	417	7037	Other Operating Costs / Printing/Publishing/Ads	479.62	
222	0821	422	8001	Capital / Buildings & Structures		38,079.13
222	0821	490	0101	Operating Transfer Out / To Fund 101	38,079.13	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>76,158.26</b>	<b>38,079.13</b>

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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 an operating transfer from the Fire Tax ¼% Fund (222) to the General Fund (101) to reimburse the County Clerk / Bureau of Elections budget for expenditures related to the November 17, 2009 Fire Tax Election.

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

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

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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.):**

- 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.  
There are no other funding sources to match this request.

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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 23rd Day of February, 2010.

Santa Fe Board of County Commissioners

[Signature]
Harry Montoya, Chairman



[Signature]
County Clerk

COUNTY OF SANTA FE )
STATE OF NEW MEXICO ) ss
BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for
Record On The 3RD Day Of March, 2010 at 09:38:26 AM
And Was Duly Recorded as Instrument # 1592281
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM

