

SANTA FE COUNTY

RESOLUTION 2011 - 35

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 29, 2011, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Administration (244)

Budget Adjustment Type: Budget Increase Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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	0801	360	13-00	Event Standby/Revenue	808	
					808	

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	0801	422	10-25	Salaries & Wages/Overtime Pay	808	
					808	

Requesting Department Approval: S. Holder 3/1/2011

Finance Department Approval: [Signature] Date: 3/21/11

County Manager Approval: _____ Date: _____

Title: Chief Date: _____

Entered by: _____ 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 Fire Administration (244) Fund to budget new revenue for an event standby to reimburse overtime pay utilized by personnel to cover an event at Buffalo Thunder.

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.

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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 29th Day of March, 2011.

Santa Fe Board of County Commissioners

Handwritten signature of Virginia Vigil

Virginia Vigil, Chairwomen

ATTEST:

Handwritten signature of Valerie Espinoza

Valerie Espinoza, County Clerk



BCC RESOLUTIONS
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COUNTY OF SANTA FE)
 STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 29TH Day Of March, 2011 at 02:33:33 PM And Was Duly Recorded as Instrument # 1630897 Of The Records Of Santa Fe County

Deputy Marcella Alvarez Witness My Hand And Seal Of Office
 Valerie Espinoza
 County Clerk, Santa Fe, NM