

RESOLUTION 2011 - 44

**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: CSD/RECC Fund Name: Regional Emergency Communications Center Operating Fund

Budget Adjustment Type: 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
245	2101	371	0900	State Grant Enhanced 911 Fund	\$9,000	
TOTAL (if SUBTOTAL, check here )						

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
245	2101	461	3001	I/S Mileage & Fares	\$250	
245	2101	461	3003	I/S Meals & Lodging	\$750	
245	2101	461	7033	Seminars & Workshops	\$3,000	
245	2101	461	8003	Capital Equipment & Machinery	\$5,000	
TOTAL (if SUBTOTAL, check here )					\$9,000	

Requesting Department Approval: *Ken R. Hartung* Title: DIRECTOR Date: \_\_\_\_\_

Finance Department Approval: *James C. Masterson* Date: 3/29/11 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Ken Martinez Dept/Div: CSD/RECC Phone No.: 992-3096

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.

This request is to budget for funds granted from the Enhanced 911 Fund through DFA to reimburse for needed training for GIS staff and the purchase of needed GIS equipment. GIS provides needed mapping and other services to the RECC in order to improve its ability to dispatch emergency responders to precise locations.

a) Employee Actions

Table with 4 columns: 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:

Table with 3 columns: 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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

DEPARTMENT CONTACT: Name: Ken Martinez Dept/Div: CSD/RECC Phone No.: 992-3096

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: *RECC Operating Fund Grant Revenue*
  - a) If this is a state special appropriation, YES  NO   
If YES, cite statute and attach a copy.  
  
Funding derives from the State's Enhanced 911 Fund
  - b) Does this include state or federal funds? YES  NO   
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.  
  
DFA awarded a 4-year grant to the RECC which was approved by the BCC.
  - c) Is this request is a result of Commission action? YES  NO   
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

Virginia Vigil, Chairperson

ATTEST:

Valerie Espinoza, County Clerk



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 29TH Day Of March, 2011 at 02:33:42 PM and Was Duly Recorded as Instrument # 163090 of The Records Of Santa Fe County

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

Deputy \_\_\_\_\_