

SANTA FE COUNTY

RESOLUTION 2013 - 108

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

Whereas, the Board of County Commissioners meeting in regular session on October 29, 2013, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Hondo Fire District Revenue Fund (244)

Budget Adjustment Type: Budget Increase Fiscal Year: 2014 (July 1, 2013 - June 30, 2014)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY/ BASIS/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0834	371	05-00	State Grant/DOH	12,267	
					12,267	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY/ BASIS/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0834	422	80-17	Capital Purchases/Medical Equipment	12,267	
					12,267	

Requesting Department Approval: [Signature] Title: Fire Chief Date: 10-15-13

Finance Department Approval: [Signature] Date: 10/16/13 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 10-29-13 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 budget a NM Department of Health Grant awarded to the Hondo Fire District in the amount of \$12,267. This grant was awarded to the Hondo fire district for the purchase of a Stryker Power Pro XT stretcher and supplies.

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
80-17	Stryker Power Gurney	12,267

- 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.):

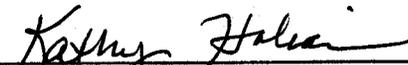
- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES _____ NO X
 - b) Does this include state or federal funds? YES X NO _____
If YES, please cite and 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. **NM Department of Health Trauma System Fund**
 - 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. **Hondo State EMS Fund Act**

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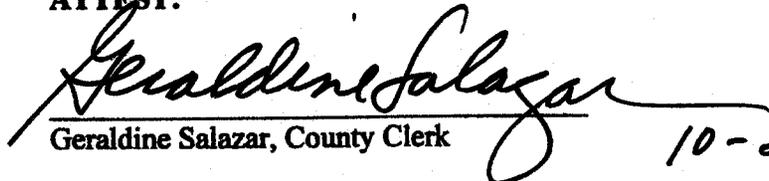
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 29th Day of October, 2013.

Santa Fe Board of County Commissioners


Kathy Holian, Madam Chair

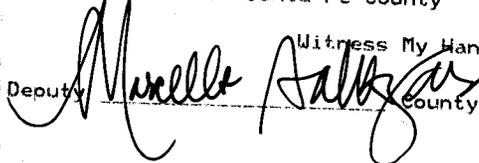
ATTEST:


Geraldine Salazar, County Clerk 10-29-2013



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 1ST Day Of November, 2013 at 08:50:45 AM And Was Duly Recorded as Instrument # 1722058 Of The Records Of Santa Fe County

Deputy  Witness My Hand And Seal Of Office Geraldine Salazar County Clerk, Santa Fe, NM