

SANTA FE COUNTY

RESOLUTION 2013 - 124

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

Whereas, the Board of County Commissioners meeting in regular session on November 26, 2013, did request the following budget adjustment:Department / Division: Fire Department/Emergency Management Fund Name: 2011 Homeland Security Grant (244)Budget Adjustment Type: Budget Decrease Fiscal Year: 2014 (July 1, 2013 - June 30, 2014)

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	0873	372	00-00	Federal Grants/2011 Homeland Security Grant		21,430
TOTAL (if SUBTOTAL, check here)						21,430

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	0873	422	30-02	Travel/Out of State Travel Mileage & Fares		1,437
244	0873	422	30-04	Travel/Out of State Travel Meals & Lodging		1,438
244	0873	422	60-01	Supplies/Non-Consumable Supplies		3,270
244	0873	422	60-05	Supplies/Non-Capital Med & Lab		4,320
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)						10,465

Requesting Department Approval: [Signature] Title: Chief Date: 11-7-13Finance Department Approval: [Signature] Date: 11/15/13 Entered by: _____ Date: _____County Manager Approval: [Signature] Date: 11-26-13 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
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
244	0873	422	60-07	Supplies/Operational Supplies		3,750
244	0873	422	60-12	Supplies/Rehab/Program/Facility Food		240
244	0873	422	70-33	Other Operational Supplies/Seminars & Workshop		2,875
244	0873	422	80-09	Capital Purchases/Vehicles		4,100
TOTAL (if SUBTOTAL, check here)						21,430

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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 decrease to the 2011 Homeland Security Grant (244) Fund to reduce the budget in FY-2014 to zero as Amendment 1 to this grant number EMW-2011-SS-00094-S01 CFDA No. 97.067 only extended the grant period through June 30, 2013. This grant amendment was received after the budget preparation period for FY-2014.

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
If YES, cite statute and attach a copy.

 - 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.

2011 State Homeland Security Grant Program. 2011 Federal grant No. EMW-2011-SS-00094-S01 CFDA No. 97.067 Amendment 1 attached.

 - c) Is this request 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.

Not Applicable.

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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 26th Day of November, 2013.

Santa Fe Board of County Commissioners

Kathy Holian
Kathy Holian, Madam Chair

ATTEST:

Geraldine Salazar by VT 11-26-13

Geraldine Salazar, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 5

I Hereby Certify That This Instrument Was Filed for
Record On The 27TH Day Of November, 2013 at 12:44:13 PM
And Was Duly Recorded as Instrument # **1724259**
Of The Records Of Santa Fe County

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