

SANTA FE COUNTY

RESOLUTION 2014 - 013

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

Whereas, the Board of County Commissioners meeting in regular session on January 28, 2014, did request the following budget adjustment:

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

Budget Adjustment Type: Budget Decrease/Increase 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	0874	371	19-00	State Grant/ENMRD - YCC		83,560
244	0000	360	04-01	Revenue/State Forestry	51,093	
TOTAL (if SUBTOTAL, check here)					51,093	83,560

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	0874	422	10-24	Salary & Wages/Temporary Positions		34,458
244	0874	422	10-25	Salary & Wages/Overtime		27,239
244	0874	422	20-01	Employee Benefits/FICA Regular		341
244	0874	422	20-02	Employee Benefits/FICA Medicare		767
244	0874	422	20-07	Employee Benefits/Unemployment Insurance		3,130
244	0874	422	20-08	Employee Benefits/Workers Comp		991
244	0874	422	40-02	Maintenance/Equipment		974
TOTAL (if SUBTOTAL, check here X)						67,900

Requesting Department Approval: [Signature] Title: Chief Date: 1.14.14

Finance Department Approval: [Signature] Date: 1/14/14 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 1.28.14 Updated by: _____ Date: _____

SANTA FE COUNTY

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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	0874	422	60-01	Supplies/Non-Consumable Supplies		500
244	0874	422	60-02	Supplies/Safety Equipment		11,590
244	0874	422	60-07	Supplies/Operational Supplies		3,570
244	0874	422	10-25	Salary & Wages/Overtime	51,093	
TOTAL (if SUBTOTAL, check here)					51,093	83,560

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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/increase to the 2013/2014 YCC Grant Fund (244) to reconcile the FY-2014 budget to reflect the actual FY-2013 end of year available YCC Grant balance and to budget State Forestry revenue received for fire assignments to increase the salaries and wages in the 2013/2014 YCC Grant.

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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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. **2013 / 2014 YCC Grant (copy attached)**

 - 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. *N/A*

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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 28th Day of January, 2014.

Santa Fe Board of County Commissioners

[Signature of Daniel W. Mayfield]
Daniel W. Mayfield, Chair

ATTEST:

[Signature of Geraldine Salazar]
Geraldine Salazar, County Clerk 1-28-2014



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 29TH Day Of January, 2014 at 04:02:15 PM
And Was Duly Recorded as Instrument # 1728797
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Geraldine Salazar
Deputy [Signature] County Clerk, Santa Fe, NM