

SANTA FE COUNTY
RESOLUTION 2014 - 014

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: 2013 Homeland Security 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 BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0877	372	00-00	Federal Grant/Homeland Security	175,000	
					175,000	

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	0877	422	30-02	Travel/OS Mileage & Fares	7,000	
244	0877	422	30-04	Travel/OS Meals & Lodging	21,000	
244	0877	422	60-02	Supplies/Safety Supplies	10,000	
244	0877	422	60-07	Supplies/Operational Supplies	10,000	
244	0877	422	70-33	Other Operating Costs/Seminars & Workshops	47,000	
244	0877	422	80-03	Capital Purchases/Equipment & Machinery	80,000	
					175,000	

Requesting Department Approval: [Signature] Title: Chief Date: 1-13-14
 Finance Department Approval: [Signature] Date: 1/23/14 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 1-28-14 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 2013 Homeland Security Grant Fund (244) to be utilized in accordance of the grant scope of work on USAR Shore Equipment, USAR Personal Protective Equipment, out of state travel expenses and registration fees for training on structural collapse and swift water rescue.

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
80-03	USAR Shore Equipment	80,000

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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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

Daniel W. Mayfield
Daniel W. Mayfield, Chair

ATTEST:

Geraldine Salazar
Geraldine Salazar, County Clerk 1-28-2014



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for Record On The 29TH Day Of January, 2014 at 04:06:59 PM And Was Duly Recorded as Instrument # 1728798 Of The Records Of Santa Fe County

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

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- 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 State Homeland Security Grant EMW-2013-SS-00152-S01 (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*