

SANTA FE COUNTY

RESOLUTION 2014 - 25

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

Whereas, the Board of County Commissioners meeting in regular session on February 24, 2014, did request the following budget adjustment:

Department / Division: Fire Department/Various Fire Districts Fund Name: Various Fire Districts 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	0836	372	00-00	Federal Grants/EMNRD Forestry	14,000	
244	0838	371	05-00	State Grants/Fire Protection	15,196	
244	0844	371	05-00	State Grants/Fire Protection	30,640	
TOTAL (if SUBTOTAL, check here)					59,836	

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	0836	422	50-03	Professional Services/Contractual	7,556	
244	0836	422	60-02	Supplies/Safety Supplies	1,404	
244	0836	422	80-99	Capital Purchases/Inventory Exempt	5,040	
244	0838	422	80-99	Capital Purchases/Inventory Exempt	15,196	
244	0844	422	60-01	Supplies/Non-Consumable Supplies	1,075	
244	0844	422	60-02	Supplies/Safety Supplies	3,000	
244	0844	422	80-99	Capital Purchases/Inventory Exempt	26,565	
TOTAL (if SUBTOTAL, check here X)					59,836	

Requesting Department Approval: [Signature] Title: Chief Date: 2-11-14

Finance Department Approval: [Signature] Date: 2/11/14 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 2-28-14 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 Pojoaque Fire District Fund (244) in the amount of \$14,000 for a grant awarded by the NM State ENMRD to be expended on Personal Protection Equipment (PPE), Floation Pumps and the production of a fire prevention video on Open Burning. An increase to the Tesuque Fire District Fund (244) in the amount of \$15,196 to be expended on two Thermal Imaging Cameras, and an increase to the Galisteo Fire District Fund (244) in the amount of \$30,640 to be expended on two Thermal Imaging Cameras/four Gas Meters/Personal Protective Equipment (PPE). The Tesuque and Galisteo Grants were awarded through the New Mexico Fire Protection Grant Council. The total of all grant awards is \$59,836 to be expended in 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
50-03	Production of a fire prevention video on open burning.	7,556
80-99	Floation Pumps and Thermal Imaging Cameras	46,801

- 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
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.

New Mexico Fire Protection Grant Council and State of New Mexico ENMRD Forestry Division.

- 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.

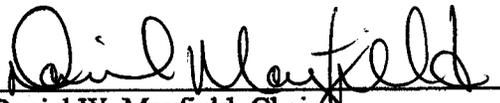
The Various Fire Districts will utilize their (209) Fire Fund available cash for the grant match.

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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 25th Day of February, 2014.

Santa Fe Board of County Commissioners


Daniel W. Mayfield, Chair

ATTEST:

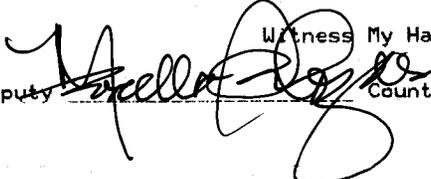

Geraldine Salazar, County Clerk
2/25/2014



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 26TH Day Of February, 2014 at 04:36:25 PM
And Was Duly Recorded as Instrument # 1730903
Of The Records Of Santa Fe County

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