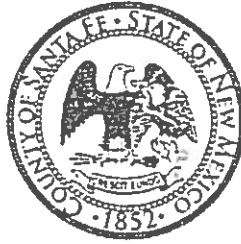


Henry P. Roybal  
Commissioner, District 1

Miguel M. Chavez  
Commissioner, District 2

Robert A. Anaya  
Commissioner, District 3




Kathy Holian  
Commissioner, District 4



Liz Stefanics  
Commissioner, District 5

Katherine Miller  
County Manager

## Memorandum

**To:** Santa Fe Board of County Commissioners

**Fr:** Don Moya, Interim Finance Director 

**Thru:** David Sperling, Fire Chief   
Pablo Sedillo, Public Safety Director   
Katherine Miller, County Manager

**Date:** October 27, 2016

**Re:** Resolution No. 2016 - \_\_\_\_\_, A Resolution Requesting a Budget Increase to The Fire Operations Fund (244) to Budget a Monetary Donation to the County Fire Department / \$1,000 (Finance Division/Don Moya)

### Issue:

Requesting BCC approval to budget a monetary donation to the Santa Fe County Fire Department in the amount of \$1,000 to be expended in FY 2017.

### Background:

The Santa Fe County Fire Department received a monetary donation in the amount of \$1,000 from Hope Curtis. This donation will be utilized to purchase rehabilitation supplies such as water, Gatorade and snacks that our Fire department field staff will be able to utilize for rehabilitation purposes on extended Fire and EMS responses.

### Summary:

Please approve this request for a budget increase of \$1,000 to the Fire Operations Fund (244).



**SANTA FE COUNTY**  
RESOLUTION 2016 - \_\_\_\_\_

**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 8, 2016, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Operations Fund (244)

Budget Adjustment Type: Budget Increase Fiscal Year: 2017 (July 1, 2016 - June 30, 2017)

**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                              | 0000                      | 360                    | 01-90                | Revenue/Miscellaneous Donation | 1,000           |                 |
| TOTAL (if SUBTOTAL, check here ) |                           |                        |                      |                                | 1,000           |                 |

**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                              | 0801                      | 421                    | 60-12                | Supplies/Food Provisions  | 1,000           |                 |
| TOTAL (if SUBTOTAL, check here ) |                           |                        |                      |                           | 1,000           |                 |

Requesting Department Approval: [Signature] Title: Chief Date: 10/19/16  
 Finance Department Approval: [Signature] Date: 10-27-16 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

# SANTA FE COUNTY

## RESOLUTION 2016 - \_\_\_\_\_

*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 Fire Operations Fund (244) for a monetary donation made by Flope Curtis to the Santa Fe County Fire Department to be utilized for the purchases of rehabilitation supplies used at extended fire and EMS scenes by the SFC Fire Department field staff and volunteers.

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 \_\_\_\_\_

SANTA FE COUNTY

RESOLUTION 2016 - \_\_\_\_\_

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Donna Morris Dep/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 \_\_\_\_\_ NO X  
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.
  - 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*

**SANTA FE COUNTY**

**RESOLUTION 2016 - \_\_\_\_\_**

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 8th Day of November, 2016.

Santa Fe Board of County Commissioners

\_\_\_\_\_  
Miguel Chavez, Chair

ATTEST:

\_\_\_\_\_  
Geraldine Salazar, County Clerk



