MEMORANDUM

To: Santa Fe County Board of County Commissioners

From: Rachel O'Connor, Community Services Department Director

Via: Katherine Miller, County Manager

Date: October 8, 2014

Re: **RESOLUTION 2014- A Resolution Requesting A Budget Increase to the EMS Health Care Fund (232) For A New Mexico Association of Counties/New Mexico Health Insurance Exchange Grant for Health Care Enrollment Outreach / $3,000 (Community Services Department/Rachel O'Connor)**

ISSUE

The New Mexico Association of Counties (NMAC) sent out a request for counties to apply for a grant for health care enrollment outreach, with funding to be provided by the New Mexico Health Insurance Exchange (NMHIX). The Community Services Department applied for the grant and was awarded $3,000. The $3,000 budget increase requires BCC approval.

BACKGROUND

The Community Services Department (CSD) has been working on increasing public awareness about the need to enroll in health insurance and promoting opportunities to enroll. We have developed and distributed materials for use on the County website, at our community and senior centers, and in the community at large, and through a contract with La Familia for assistance in outreach and enrollment in Santa Fe County.

In FY 2014, the CSD applied for and was awarded a NMAC/NMHIX grant of $3,000 to do radio Public Services Announcements in the spring of 2014, timed with the spring open enrollment period. In FY 2015, the CSD applied for and has been awarded a second $3,000 grant to do radio PSAs in Spanish, timed with the open enrollment period that begins in November.

RECOMMENDATION

The CSD recommends approval of the $3,000 budget increase for the Community Services Department for the NMAC/NMHIX grant awarded for health care enrollment outreach.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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

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

Department / Division: Community Services Department Fund Name: EMS Health Care Fund 232

Budget Adjustment Type: Budget Increase Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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
232	0421	371	2100	State Grants/New Mexico Association of Counties	$3,000	
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
232	0421	461	50-03	Professional Services	$3,000	
TOTAL (if SUBTOTAL, check here ____)						

Requesting Department Approval: Rachel O'Connor **Date:** 1/2/14 **Title:** Director, Community Services Department

Finance Department Approval: Teresa C Martinez **Date:** 10/17/14 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____ **Updated by:** _____ **Date:** _____

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name: Rachel O'Connor** **Dept/Div: Community Services Department** **Phone No.: 995-9538**

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. The New Mexico Association of Counties (NMAC) has granted $3,000 to Santa Fe County Community Services Department for radio Public Service Announcements to encourage people to enroll in health insurance during the Fall 2014 open enrollment period. Funds will be for professional services to develop and air radio Public Service Announcements in on KLBU/Juan 102.9 FM, the Spanish radio station owned by Hutton Broadcasting, and on KRZY 105.9 FM.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
N/A			

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	Services from Hutton Broadcasting and Entravision/Nielsen to produce and air radio PSAs in Spanish	$3,000

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

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Rachel O'Connor **Dept/Div: Community Services Department** **Phone No.: 995-9538**

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 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.

    Attached is a copy of the NMAC grant acknowledgement form in the amount of $3,000, together with the CSD proposal.

  - 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 2014 - _____

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** October, **2014.**

Santa Fe Board of County Commissioners

_____
Daniel "Danny" Mayfield, Chairperson

ATTEST:

_____
Geraldine Salazar, County Clerk

REGION III DRUG ENFORCEMENT TASK FORCE

Law Enforcement Working Together to Serve Santa Fe, Los Alamos, Rio Arriba and Taos Counties in New Mexico

P. O. Box 23118
Santa Fe, NM 87502
(505) 471-1715 or (800) 662-6660

DATE: October 09, 2014

TO: The Board of County Commissioners
Santa Fe County, Santa Fe New Mexico

Cc: Katherine Miller, County Manager

From: Ralph W. Lopez, Region III
Program Manager

VIA: Robert Garcia, Sheriff
Santa Fe County Sheriff's Office

RE: Resolution 2014 – A Resolution Requesting a Budget Decrease to the Law Enforcement Operations Fund (246) to Realign the FY2015 Budget to the Actual Grant Award For the Region III/JAG Program Through the Department of Public Safety / ($33,087). (Finance/Teresa Martinez)

BACK ROUND:

The Region III Task Force is requesting approval of a Resolution through the Board of County Commissioners for a budget decrease to the JAG Grant Program (1204).

ISSUE:

The decrease to the JAG Grant Program in the amount of $33,087, which is awarded through the Department of Public Safety, will reduce the FY 2015 budget to the approved amount of $116,007.

RECOMMENDATION:

Region III is requesting approval of the budget decrease to the Law Enforcement Operations Fund (246) in the amount of $33,087.

RWL.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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

Whereas, the Board of County Commissioners meeting in regular session on 10/28/14 did request the following budget adjustment:

Department / Division: SHERIFF / REGION III Fund Name: LAW ENFORCEMENT OPERATIONS FUND (246)

Budget Adjustment Type: BUDGET DECREASE Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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
246	1204	372	0800	Federal Grant Award / Edward Byrne Memorial Justice Assistance Grant (JAG) through the Dept. of Public Safety Fiscal Year 2015.		33,087
TOTAL (if SUBTOTAL, check here)						$33,087

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
246	1204	425	10-25	Overtime Pay	2,000	
246	1204	425	10-26	Term Employee		38,648
246	1204	425	20-01	FICA/Employers Share		2,396
246	1204	425	20-02	FICA/Medicare		560
246	1204	425	20-03	PERA/Employers Share		7,93
246	1204	425	20-05	Healthcare		92
246	1204	425	20-06	Retiree Health		77
246	1204	425	20-08	Workers Comp		
246	1204	425	50-03	Contractual Services	11,782	
246	1204	425	73-02	Sheriff's Expense	4,372	
TOTAL (if SUBTOTAL, check here)					18,154	51,241
NET DECREASE ($18,154 increase minus $51,241 decrease)						33,087

Requesting Department Approval: _____ Title: Sheriff Date: 10-9-14

Finance Department Approval: Grace Marks Date: 10/15/14 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name: Ralph Lopez / Program Manager** **Dept/Div: Region III / Sheriff** **Phone No.: 473-7021**

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- Please summarize the request and its purpose. This request is the JAG Grant Award for the current fiscal year which reflects a reduction in funding through Grants Management Bureau of the Department of Public Safety for the current Fiscal Year.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-26	Budget Decrease	Term	Program Mgr.
10-21	Budget Decrease -Benefits	Term	Program Mgr.

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	Increase of Overtime for agents from other agencies assigned to Region III	$11,782.00

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

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez / Program Manager Dept/Div: Region III / Sheriff Phone No.: 473-7021

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 ___XX____
    If YES, cite statute and attach a copy.

  - b) Does this include state or federal funds? YES ___XX___ 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. The sub-Grant Agreement for JAG in the amount of$116.007 for this fiscal year through the Department of Public Safety, Grants Management Bureau has been submitted for approval and signature.

  - c) Is this request is a result of Commission action? YES _____ NO ___XX____
    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.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 October, 2014.

Santa Fe Board of County Commissioners

_____
Daniel W. Mayfield, Chairperson

ATTEST:

_____
Geraldine Salazar, County Clerk

REGION III DRUG ENFORCEMENT TASK FORCE

Law Enforcement Working Together to Serve Santa Fe, Los Alamos, Rio Arriba and Taos Counties in New Mexico

P. O. Box 23118
Santa Fe, NM 87502
(505) 471-1715 or (800) 662-6660

DATE: September 29, 2014

TO: The Board of County Commissioners
Santa Fe County, Santa Fe New Mexico

Cc: Katherine Miller, County Manager

FROM: Ralph W. Lopez, Region III
Program Manager

VIA: Robert Garcia, Sheriff
Santa Fe County Sheriff's Office

RE: Resolution 2014 - A Resolution Requesting a Budget Increase to the Law Enforcement Operations Fund (246) to Budget Supplemental Funding Awarded Through the HIDTA Grant Program / $66,800.00. (Finance/Teresa Martinez)

BACK ROUND:

Region III Task Force is requesting approval of a Resolution through the Board of County Commissioners for a budget increase to the HIDTA Grant Fund (1208).

ISSUE:

The increase to the HIDTA Grant Fund which is awarded through HIDTA as supplemental funding will be used to purchase two used vehicles for operational purposes, pay for vehicle fuel, overtime for assigned agents and monies for Sheriff's Expense.

RECOMMENDATION:

Region III is requesting approval of the budget increase to the Law Enforcement Operation Fund (246) in the amount of $66,800.00.

RWL

SANTA FE COUNTY

RESOLUTION 2014 - _____

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

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

Department / Division: Sheriff's Department / Region III Fund Name: Law Enforcement Operations Fund (246)

Budget Adjustment Type: Budget Increase Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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
246	1208	372	0600	Federal Grant / Drug Enforcement (HIDTA)	$66,800.00	
TOTAL (if SUBTOTAL, check here ____)					$66,800.00	

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
246	1208	425	35-01	Vehicle Fuel	$1,800.00	
246	1208	425	50-03	Contractual Professional Services	$25,000.00	
246	1208	425	73-02	Sheriff's Expense	$15,000.00	
246	1208	425	80-09	Vehicle / Heavy Equipment	$25,000.00	
TOTAL (if SUBTOTAL, check here ____)					$66,800.00	

Requesting Department Approval: _____ Title: Sheriff Date: 10-2-14

Finance Department Approval: _____ Date: 10/6/14 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Ralph Lopez, Program Manager **Dept/Div:** Sheriff / Region III **Phone No.:** 505-473-7021

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.

This Resolution is requesting to increase the HIDTA cost-center, through the award of Supplemental funding.

- 246-1208 - HIDTA cost center which are funds recently awarded to Region III as supplemental funding. These monies will be budgeted to support Region III Operations; through the purchasing of (2) used vehicles, additional fuel for the vehicles, overtime for agents and Sheriff's Expense (Contingency monies).

a) Employee Actions: NONE

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	Additional overtime for agents assigned to Region III from other agencies.	$15,000.00
80-09	The purchase of (2) used vehicles, for operations	$25,000.00

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

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez, Program Manager Dept/Div: Sheriff's Office / Region III Phone No.: 505-473-7021

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. Cost-Center 246-1208 is the HIDTA Extension for the current fiscal year; Award Number: G13SN0011A.
  - 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.
    There are no other funding sources to match this request.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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** October, **2014.**

Santa Fe Board of County Commissioners

_____
Daniel W. Mayfield, Chairperson

ATTEST:

_____
Geraldine Salazar, County Clerk

Robert A. Garcia
Sheriff
986-2455
ragarcia@santafecountynm.gov

SANTA FE COUNTY SHERIFF'S OFFICE

Ron E. Madrid
Undersheriff
986-2455
rmadrid@santafecountynm.gov

35 Camino Justicia – Santa Fe, New Mexico 87508

MEMORANDUM

To: Board of County Commissioners

Fr: Major Ken Johnson

Date: September 30, 2014

Re: **Resolution 2014 - _____ A Resolution Requesting a Budget Increase to the Law Enforcement Operations Fund (246) to Budget One (1) Funding Source Awarded Through the New Mexico Administrative Office of the Courts for the Santa Fe Sheriff's Office Service in Magistrate Court in the Amount of $60,000. (Finance / Teresa Martinez)**

Issue:

The Santa Fe County Sheriff's Office has been awarded funding from the New Mexico Administrative Office of the Courts for patrol services in Magistrate Court.

Background:

Magistrate Court desires enhanced security on its premises and the Santa Fe County Sheriff is willing and able to provide deputies to provide security services to the Santa Fe Magistrate Court during regular shifts as provided in the Agreement.

Action Requested:

The Sheriff's Office requests approval to increase the Law Enforcement Operation Fund (246) in the amount of $60,000. New Mexico Administrative Office of the Courts will reimburse the Sheriff's Office.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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

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

Department / Division: Sheriff's Office Fund Name: Law Enforcement Operation Fund (LEOF)

Budget Adjustment Type: Budget Increase Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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
246	1201	380	0114	NM Administrative Office of the Courts (Magistrate)	$60,000.00	
TOTAL (if SUBTOTAL, check here ____)					$60,000.00	

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
246	1201	424	1025	Magistrate: Salary & Wages / Overtime	$59,130.00	
246	1201	424	2002	Magistrate: Employee Benefits/ FICA Medicare	$870.00	
TOTAL (if SUBTOTAL, check here X)					$60,000.00	

Requesting Department Approval: K. Ol Title: MAJOR Date: 10.3.14

Finance Department Approval: [signature] Date: 10/15/14 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2014 - _____

DEPARTMENT CONTACT:

Name: Major Ken Johnson **Dept/Div:** Sheriff's Office/LEOF **Phone No.:** (505) 986-2457

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.
  Request for budget increase to budget funds for overtime/personnel services awarded to the Sheriff's Office from the New Mexico Administrative Office of the Courts. Purpose of this funding is for services of the Sheriff's Office to patrol Magistrate Court. Magistrate Court will be paying the deputies Overtime for their services.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10.25	Salary and Wages / Overtime	Existing/Permanent	Patrol/Deputy

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 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Ralph Lopez / Program Manager Dept/Div: Region III / Sheriff Phone No.: 473-7021

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 ___XX___
    If YES, cite statute and attach a copy.

  - b) Does this include state or federal funds? YES ___XX___ 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. The sub-Grant Agreement for JAG in the amount of$116,007 for this fiscal year through the Department of Public Safety, Grants Management Bureau has been submitted for approval and signature.

  - c) Is this request is a result of Commission action? YES _____ NO ___XX____
    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.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 October, 2014.

Santa Fe Board of County Commissioners

_____
Daniel W. Mayfield, Chairperson

ATTEST:

_____
Geraldine Salazar, County Clerk

Memorandum

To: Santa Fe Board of County Commissioners

From: Donna Morris, Fire Department

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

Date: October 1, 2014

Re: **Resolution 2014 - A Resolution Requesting a Budget Increase/Decrease to the EMS Fund (206) to Adjust the Budget for the Current Year Allocation to the Actual Distribution Amount and to Carry Forward the FY-2014 Available Cash Balances for Expenditure in FY-2015 for a Total Amount of $1,655. (Public Safety/Fire)**

BACKGROUND:

The Santa Fe County Fire Department is requesting to carry forward the FY-2014 available cash balances from previous year's EMS Fund allocations for the fire districts to be expended in FY-2015. This budget resolution is to adjust the FY-2015 EMS Fund allocations to the actual distribution amount in addition to budgeting the prior year's available cash balances for the fire districts. The fire districts have prioritized their needs so that this funding is expended in the appropriate categories to support day to day Fire/EMS operations inclusive of vehicle fuel, supplies and equipment maintenance.

SUMMARY:

Please approve this request for a budget increase/decrease to the various Fire Districts (206) EMS Fund in the amount of $1,655.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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

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

Department / Division: Fire Department/Various Fire Districts Fund Name: EMS Fund (206)

Budget Adjustment Type: Budget Increase/Decrease Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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
206	0851	371	05-00	State / DOH		240
206	0851	385	02-00	Budgeted Cash / State Funds	1	
206	0852	371	05-00	State / DOH		1,318
206	0852	385	02-00	Budgeted Cash / State Funds	2	
TOTAL (if SUBTOTAL, check here X)					3	1,558

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
206	0851	423	60-05	Supplies/Non-Capital Med & Lab		239
206	0852	423	60-05	Supplies/Non-Capital Med & Lab		1,316
206	0853	423	80-99	Capital Purchases/Inventory Exempt		1,794
206	0854	423	60-05	Supplies/Non-Capital Med & Lab		919
206	0855	423	40-02	Maintenance/Equipment		662
TOTAL (if SUBTOTAL, check here X)						4,930

Requesting Department Approval: _____ Title: Chief Date: 10.15.14

Finance Department Approval: _____ Date: 10/15/14 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2014 - _____

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
206	0853	371	05-00	State / DOH		1,843
206	0853	385	02-00	Budgeted Cash / State Funds	49	
206	0854	371	05-00	State / DOH		936
206	0854	385	02-00	Budgeted Cash / State Funds	17	
206	0855	371	05-00	State / DOH		669
206	0855	385	02-00	Budgeted Cash / State Funds	7	
206	0856	371	05-00	State / DOH		1,100
206	0856	385	02-00	Budgeted Cash / State Funds	1	
206	0857	371	05-00	State / DOH		58
206	0857	385	02-00	Budgeted Cash / State Funds	99	
TOTAL (if SUBTOTAL, check here X)					176	6,164

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
206	0856	423	60-07	Supplies/Operational Supplies		1,099
206	0857	423	60-05	Supplies/Non-Capital Med & Lab	41	
206	0858	423	60-05	Supplies/Non-Capital Med & Lab		321
206	0859	423	60-07	Supplies/Operational Supplies		790
206	0860	423	60-07	Supplies/Operational Supplies	638	
206	0861	423	60-05	Supplies/Non-Capital Med & Lab		397
206	0862	423	60-05	Supplies/Non-Capital Med & Lab		184
206	0864	423	60-05	Supplies/Mon-Capital Med & Lab	4	
206	0865	423	35-01	Vehicle Expenses/Fuel		3,351
206	0866	423	35-01	Vehicle Expenses/Fuel	8,734	
TOTAL (if SUBTOTAL, check here)					9,417	11,072

SANTA FE COUNTY

RESOLUTION 2014 - _____

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
206	0858	371	05-00	State / DOH		432
206	0858	385	02-00	Budgeted Cash / State Funds	111	
206	0859	371	05-00	State / DOH		824
206	0859	385	02-00	Budgeted Cash / State Funds	34	
206	0860	371	05-00	State / DOH	418	
206	0860	385	02-00	Budgeted Cash / State Funds	220	
206	0861	371	05-00	State / DOH		398
206	0861	385	02-00	Budgeted Cash / State Funds	1	
206	0862	371	05-00	State / DOH		203
206	0862	385	02-00	Budgeted Cash / State Funds	19	
206	0864	371	05-00	State / DOH		10
206	0864	385	02-00	Budgeted Cash / State Funds	14	
206	0865	371	05-00	State / DOH		3,351
206	0866	371	05-00	State / DOH	8,734	
TOTAL (if SUBTOTAL, check here X)					9,727	11,382

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
TOTAL (if SUBTOTAL, check here)						

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 Districts EMS Fund (206) cost center to adjust the budget for the current year allocation to the actual distribution amount and to carry forward the FY-2014 available cash balances for expenditure in FY-2015 for the total amount of $1,655. Each EMS District was requested to prioritize their needs to budget funds in the appropriate expenditure categories to support day to day Fire/EMS operations inclusive of vehicle fuel, supplies and equipment maintenance.

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 2014 - _____

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.

    The State EMS Fund Act.

  - 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.

    Not Applicable.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 28 th Day of October, 2014.

Santa Fe Board of County Commissioners

_____
Daniel W. Mayfield, Chair

ATTEST:

_____
Geraldine Salazar, County Clerk

Memorandum

To: Santa Fe Board of County Commissioners

From: Donna Morris, Fire Department

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

Date: October 1, 2014

Re: **Resolution 2014 - A Resolution Requesting a Budget Increase to the Fire Impact Fee Fund (216) to Budget Impact Fees Received for the Stanley Fire District to be Used for the Purchase of a Light Rescue Vehicle / $73,000. (Public Safety/Fire)**

BACKGROUND:

The Santa Fe County Fire Department is requesting BCC approval to budget Fire Impact Fees in the amount of $73,000 for the Stanley Fire District to purchase a Light Rescue Vehicle. The Stanley Fire District will also be utilizing $80,556 from the district's (209) Fire Fund to complete the vehicle purchase for a total cost of $153,556 utilizing the Houston-Galveston Area Council (HGAC) cooperative purchasing agreement through the Siddons-Martin Emergency Group.

SUMMARY:

Please approve this request for a budget increase to the Stanley Fire District's Fire Impact Fee Fund (216) in the amount of $73,000.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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

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

Department / Division: Fire Department/Fire Administration Fund Name: Stanley Impact Fees (216)

Budget Adjustment Type: Budget Increase Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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
216	0837	385	06-00	Budgeted Cash/Impact Fees	73,000	
					73,000	

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
216	0837	422	80-09	Capital Purchases / Vehicles	73,000	
					73,000	

Requesting Department Approval: _____ Title: Fire Chief Date: 10-15-14

Finance Department Approval: _____ Date: 10/15/14 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 Stanley Fire District Impact Fees to be allocated for the purchase of a Light Rescue apparatus to enhance the response capabilities in the Stanley Fire District and Santa Fe County. This funding will be expended in FY-2015.

  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
80-09	Light Rescue Apparatus	73,000

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

SANTA FE COUNTY

RESOLUTION 2014 - _____

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___
  - 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. NM State Fire Fund disbursement for the Stanley Fire District.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 October, 2014.

Santa Fe Board of County Commissioners

_____
Daniel W. Mayfield, Chair

ATTEST:

_____
Geraldine Salazar, County Clerk

MEMORANDUM

DATE: *October 14, 2014*

TO: *Board of County Commissioners*

FROM: *Teresa Martinez, Finance Director*

VIA: *Adam Leigland, Public Works Department Director*
Katherine Miller, County Manager

ITEM AND ISSUE: BCC Meeting October 28, 2014
Resolution 2014-___ A Resolution Requesting a Budget Increase to the GOB Series 2013 Fund (351) to Budget Escrow Funds from the Purchase of the Thornton Ranch Open Space for the Thornton Ranch Archeological Report / $24,564. (Finance/Teresa Martinez)

SUMMARY:
The purpose of this budget resolution is to budget escrow funds from the purchase of the Thornton Ranch Open Space into the capital account for the property to cover a portion of the cost of the contract to complete the cultural resource investigation.

BACKGROUND:

In 2000 Santa Fe County purchased approximately 780 acres from the Trust for Public Lands as part of the Thornton Ranch Open Space. At the time of the purchase, $20,000 was put into an interest-bearing escrow account for the purpose of completing an archaeological study of the property. These funds were from the 1999 sale of GOBs (385-0304-481.) On February 25th, 2014 Santa Fe County awarded a contract to Parametrix, Inc. to complete the archaeological study of the property. Santa Fe County and the Trust for Public Land signed a release authorizing the Escrow Agent to release the funds with interest to the County. The Escrow agent wired a total of $24,564.40 to the County on August 19, 2014 and receipted to GOB Series 2013 cash. The resolution authorizes the funds released from the escrow account to be budgeted in the capital account where they will be applied toward the cost of the archaeological study.

ACTION REQUESTED:

Staff is requesting approval to budget escrow funds from the purchase of the Thornton Ranch Open Space in the GOB Series 2013 Fund (351) for the Thornton Ranch Archeological Report in the amount of $24,564.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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

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

Department / Division: _Public Works/Project Development_____ Fund Name: __GOB Series 2013_____

Budget Adjustment Type: _Budget Increase_____ Fiscal Year: _2015 (July 1, 2014 - June 30, 2015)_

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
351	7711	360	0306	Investment Income/Escrow	$24,564	
TOTAL (if SUBTOTAL, check here ____)					$24564	

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
351	7711	481	8011	Capital Purchases/Rdwy Capitalized Cont. SVC.	$24,564	
TOTAL (if SUBTOTAL, check here ____)					$24,564	

Requesting Department Approval:_____ **Title:**_____ **Date:**_____

Finance Department Approval: _____ **Date:** 10/7/14 **Entered by:**_____ **Date:**_____

County Manager Approval:_____ **Date:**_____ **Updated by:**_____ **Date:**_____

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name:__Agnes Leyba-Cruz_____ Dept/Div:_Public Works/Project Development_ Phone No.:_995-6516____

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.
  In 2000 Santa Fe County purchased approximately 780 acres from the Trust for Public Land as part of the Thornton Ranch Open Space. At the time of the purchase, $20,000 was put into an interest-bearing escrow account for the purpose of completing an archaeological study of the property. The funds originated from the 1999 GOB sale. On February 25th, 2014 Santa Fe County awarded a contract to Parametrix, Inc. to complete the archaeological study of the property. Santa Fe County and the Trust for Public Land signed a release authorizing the Escrow Agent to release the funds with interest to the County. The Escrow agent wired a total of $24,564.40 to the County on August 19, 2014 and was receipted into GOB Series 2013 cash. The resolution authorizes the funds released from the escrow account to be budgeted in the capital account where they will be applied toward the cost of the archaeological study.

  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
8011	Staff will contract for an Archeological Analysis on the Thornton Ranch Property.	$24,564

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

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name:_Agnes Leyba-Cruz_____ Dept/Div:__Public Works/Project Development_____ Phone No.:___995-6516_____

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: 2013 GOB Fund(351)

- 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 _____ 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.
  Staff will use GOB Series 2013 Fund (351) funds allocated through the 2012 Capital Infrastructure Plan to supplement the cost of the Archeological Report.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 _____ Day of _____, 2014.

Santa Fe Board of County Commissioners

_____
Daniel W. Mayfield, Chairperson

ATTEST:

_____
Geraldine Salazar, County Clerk

MEMORANDUM

DATE: *October 15, 2014*

TO: *Board of County Commissioners*

FROM: *Teresa Martinez, Finance Director*

VIA: *Adam Leigland, Public Works Department Director*
Katherine Miller, County Manager

ITEM AND ISSUE: BCC Meeting October 28, 2014
Resolution 2014-___ A Resolution Requesting a Budget Increase to the Fire Impact Fees Fund (216) to Bring Forward the Project Balance from FY14 for the La Cienega Fire Station #2/Community Center / $25,907. (Finance/Teresa Martinez)

SUMMARY:
The purpose of this budget resolution is to bring forward the project balance from Fire Impact Fees for the La Cienega Fire Station #2/Community Center to provide a contingency for the project in the amount of $25,907.

BACKGROUND:

The Public Works Staff received funds to improve and add additional space to the La Cienega Fire Station #2/Community Center from Fire Impact Fees, Capital Outlay GRT and State Special Appropriations Funds. In FY14, after hiring a contractor to perform the renovations, the project had a remaining balance of $25,907 for contingencies on the project. This balance, however, was not brought forward to FY15. The project is still under construction and therefore staff is requesting the project balance of $25,907 be brought forward to FY15 to provide a contingency for the project and other site improvements that may be necessary to close the project.

ACTION REQUESTED:

Staff is requesting approval for a budget increase to the Fire Impact Fees Fund (216) to bring forward the project balance for the La Cienega Fire Station #2/Community Center to budget the project balance in the amount of $25,907.

SANTA FE COUNTY

RESOLUTION 2014 - _____

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

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

Department / Division: Public Works/Project Development Fund Name: Fire Impact Fees Fund (216)

Budget Adjustment Type: Budget Increase Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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
216	8008	385	0600	Misc. Revenues/Donations	$25,907	
TOTAL (if SUBTOTAL, check here)					$25,907	

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
216	8008	483	8001	Capital Purchases/Buildings & Structures	$25,907	
TOTAL (if SUBTOTAL, check here)					$25,907	

Requesting Department Approval: _____ **Title:** _____ **Date:** _____

Finance Department Approval: _____ **Date:** 10/17/14 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____ **Updated by:** _____ **Date:** _____

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name:__Agnes Leyba-Cruz_____ Dept/Div:_Public Works/Project Development_ Phone No.:_995-6516____

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.
  The La Cienega Fire Station #2 is currently under construction for the renovations to the fire station and the addition of space for the community center. The construction was bid and awarded in FY2014 with Fire Impact Fee funds, Capital Outlay GRT funds, and State Special Appropriation funds. At the end of FY14 the project balance needed for contingency and project closeout was not brought forward to FY15. This resolution is requesting the project balance of $25,564 be brought forward to provide a contingency for the project and other site improvements that may be needed when closing out the project.

  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
8001	Funds will be used for the construction of the La Cienega Fire Station/Community Center project.	$24,564

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

SANTA FE COUNTY

RESOLUTION 2014 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name:_Agnes Leyba-Cruz_____ Dept/Div:__Public Works/Project Development_____ Phone No.:___995-6516_____

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: 2013 GOB Fund(351)

- 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 _____ 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.
  NA

SANTA FE COUNTY

RESOLUTION 2014 - _____

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 _____ Day of _____, 2014.

Santa Fe Board of County Commissioners

_____
Daniel W. Mayfield, Chairperson

ATTEST:

_____
Geraldine Salazar, County Clerk