

SANTA FE COUNTY

RESOLUTION 2001 - 57

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

a Recessed 30

Whereas, the Board of County Commissioners meeting in regular session on April 24, 2001, did request the following budget adjustment:

Department / Division: Fire Department / Fire Districts Fund Name: Fire Districts

Budget Adjustment Type: Increase Fiscal Year: 2001 (July 1, 2000 - June 30, 2001)

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
209	0831	385	04-00	Budgeted Cash / Special Assessment	110	
209	0832	385	04-00	Budgeted Cash / Special Assessment	3,320	
209	0833	385	04-00	Budgeted Cash / Special Assessment	3,746	
209	0834	385	04-00	Budgeted Cash / Special Assessment	735	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					7,911	

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
209	0831	422	50-03	Contractual Services / Professional Services	110	
209	0832	422	50-03	Contractual Services / Professional Services	3,320	
209	0833	422	50-03	Contractual Services / Professional Services	3,746	
209	0834	422	50-03	Contractual Services / Professional Services	735	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					7,911	

Requesting Department Approval: *Stan Holder* Title: Chief, Santa Fe County Fire Department Date: 4/16/01

Finance Department Approval: *Katherine Miller* Date: 4-18-01 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

1896752

SANTA FE COUNTY

RESOLUTION 2001 - 57

BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

1896753

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
209	0835	385	04-00	Budgeted Cash / Special Assessment	465	
209	0836	385	04-00	Budgeted Cash / Special Assessment	838	
209	0837	385	04-00	Budgeted Cash / Special Assessment	406	
209	0838	385	04-00	Budgeted Cash / Special Assessment	654	
209	0839	385	04-00	Budgeted Cash / Special Assessment	1,276	
209	0840	385	04-00	Budgeted Cash / Special Assessment	2,337	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					13,887	

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
209	0835	422	50-03	Contractual Services / Professional Services	465	
209	0836	422	50-03	Contractual Services / Professional Services	838	
209	0837	422	50-03	Contractual Services / Professional Services	406	
209	0838	422	50-03	Contractual Services / Professional Services	654	
209	0839	422	50-03	Contractual Services / Professional Services	1,276	
209	0840	422	50-03	Contractual Services / Professional Services	2,337	
209	0841	422	50-03	Contractual Services / Professional Services	111	
209	0842	422	50-03	Contractual Services / Professional Services	203	
209	0843	422	50-03	Contractual Services / Professional Services	3,870	
209	0844	422	50-03	Contractual Services / Professional Services	129	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					18,200	

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

1896754

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
209	0841	385	04-00	Budgeted Cash / Special Assessment	111	
209	0842	385	04-00	Budgeted Cash / Special Assessment	203	
209	0843	385	04-00	Budgeted Cash / Special Assessment	3,870	
209	0844	385	04-00	Budgeted Cash / Special Assessment	129	
TOTAL (if SUBTOTAL, check here _____)					18,200	

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 _____)						

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RESOLUTION 2001 - 57

DEPARTMENT CONTACT:

Name: Carolin Cooney

Dept/Div: Fire Administration

Phone No.: 992-3072

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

1896755

- 1) Please summarize the request and its purpose.
This request is to budget Fire Protection Impact fee cash balance for each of the fire districts to cover their respective cost of the Fire Capital Improvements plan review.
- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?
At the time the fiscal year 2001 operating budget was prepared, the cost of the review of the plan was unknown.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer is anticipated to be non-recurring and there are no future funding impacts of this request.
- 4) 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, cite statute and attach a copy.
This request is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
This request is not a state or federal grant.
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
This request is the result of Ordinance 1995-04, which imposes fire protection impact fees and requires a Fire Capital Improvements Plan review.
 - d) Please identify other funding sources that can be used to match this request.
All available funding sources have been identified.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request has no impact to the capital purchase category.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.
This request has no FTE impact for the department.

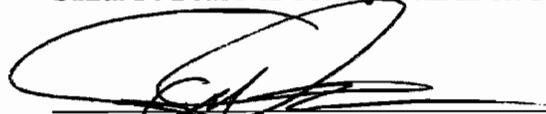
SANTA FE COUNTY

RESOLUTION 2001 - 57

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 ^{30th} 24th Day of April, 2001.

Santa Fe Board of County Commissioners


Paul Duran, Chairperson

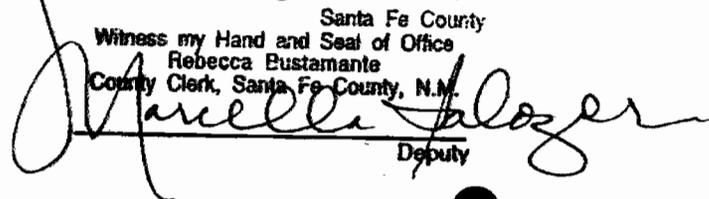



Rebecca Bustamante, County Clerk

Approved As To Form.

By 
Steve Kopelman, County Attorney

1154 183
COUNTY OF SANTA FE } SS
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 1 day of May A.D.
20 01 at 10:13 o'clock 2 m
and was duly recorded in book 1896
page 752-756 of the records of

Santa Fe County
Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.

Deputy

1896756