SANTA FE COUNTY

RESOLUTION 20	101 _	83
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1930372

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

>cpar uni	ent / Division: _Fir	re Department /	El Dorado Fire	Fund Name: Fire Distr	icts	
Budget A	Adjustment Type: _	Increase		F	iscal Year: 2001 (July	1, 2000 - June 30, 2
BUDGE:	TED REVENUES:	: (use continuatio	on sheet, if necessary)		
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
209	0832	385	04-00	Budgeted Cash / Special Assessments	49,170	
rotal ((if SUBTOTAL, che	eck here			49,170	
	(if SUBTOTAL, che		ontinuation sheet, if	necessary)	49,170	
			entinuation sheet, if ELEMENT/ OBJECT XXXX	necessary) CATEGORY / LINE ITEM NAME	49,170 INCREASE AMOUNT	DECREASE AMOUNT
BUDGE FUND CODE	DEPARTMENT/	TURES: (use co	ELEMENT/ OBJECT	CATEGORY / LINE ITEM	INCREASE	
FUND CODE XXX 209	DEPARTMENT/ DIVISION XXXX 0832	ACTIVITY BASIC/SUB XXX 422	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT 49,170	
FUND CODE XXX 209	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX 422 eck here	ELEMENT/ OBJECT XXXX 80-99	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT 49,170	

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DEPARTMENT CONTACT:

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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.):

• 1) Please summarize the request and its purpose.

This request is to budget Fire Protection Impact Fees for the El Dorado Fire District to purchase 110 sections of 5" hose as part of their ISO rating project.

• 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?

This information was unknown at the time the Fiscal Year 2001 operating budget was being prepared.

3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This increase is anticipated to be non-recurring for FY01. Future funding impacts, if any, will be covered by the annual State Allotment received by the district.

- 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.

The revenue source for this request is Fire Protection Impact Fees cash balance.

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 not the result of Commission action.

d) Please identify other funding sources that can be used to match this request.

All available funding sources for this request 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.

El Dorado will be purchasing 110 sections of 5" hose as part of their project to improve the fire district ISO rating.

• 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.

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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 26th Day of June, 2001

Santa Fe Board of County Commissioners

aul Duran, Chairperson

Rebocea Bustamante, County Clerk

Approved As To Form.

Steve Kopelman, County Attorney

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t hereby cently that this instrument was filed

Sarra Fe County

Witness my Hand and Seal of Office Rebecca Bustumants County Clerk, Parity Fe County NA