SFC CLERK RECORDED 07/28/2004

SANTA FE COUNTY

RESOLUTION 2004 - 77

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

Whereas, the Board of County Commissioners meeting in regular session on July 27, 2004, did request the following budget adjustment:

Department / Division: Fire Department / All Fire Districts

Fund Name: Fire Protection Fund and Fire Impact Fees Fund

Budget Adjustment Type: Transfer Between Funds

Fiscal Year: 2004 (July 1, 2003 - June 30, 2004)

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	0831	390	0000	Operating Transfer In	11,361.35	
216	0832	390	0000	Operating Transfer In	440,931.30	
216	0833	390	0000	Operating Transfer In	8,034.00	
216	0834	390	0000	Operating Transfer In	50,342.80	
TOTAL (if SUBTOTAL, check here X)					510,669.45	

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	0831	422	8003	Capital Purchases / Equipment & Machinery	10,918.35	
216	0831	422	6002	Supplies / Safety Equipment	443.00	
216	0832	422	8003	Capital Purchases / Equipment & Machinery	55,377.08	
216	0832	422	8009	Capital Purchases / Vehicles	385,554.22	
TOTAL (if SUBTOTAL, check here X)					452,292.65	

Requesting Department Approval: Teresa C Martinez **Title:** Accounting Supervisor **Date:** 7/20/04

Finance Department Approval: [signature] **Date:** 7/20/04 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____

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SANTA FE COUNTY

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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
216	0835	390	0000	Operating Transfer In	11,760.34	
216	0836	390	0000	Operating Transfer In	27,218.56	
216	0837	390	0000	Operating Transfer In	992.00	
216	0838	390	0000	Operating Transfer In	56,888.98	
216	0839	390	0000	Operating Transfer In	24,649.60	
216	0840	390	0000	Operating Transfer In	354,746.80	
TOTAL (if SUBTOTAL, check here X)					476,256.28	

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	0833	422	8003	Capital Purchases / Equipment & Machinery	8,034.00	
216	0834	422	8003	Capital Purchases / Equipment & Machinery	50,342.80	
216	0835	422	8003	Capital Purchases / Equipment & Machinery	11,760.34	
216	0836	422	8003	Capital Purchases / Equipment & Machinery	10,068.56	
216	0836	422	8009	Capital Purchases / Vehicles	17,150.00	
216	0837	422	6002	Supplies / Safety Equipment	992.00	
216	0838	422	8003	Capital Purchases / Equipment & Machinery	17,619.98	
216	0838	422	8009	Capital Purchases / Vehicles	39,269.00	
216	0839	422	8003	Capital Purchases / Equipment & Machinery	24,649.60	
216	0840	422	8003	Capital Purchases / Equipment & Machinery	50,342.80	
216	0840	422	8009	Capital Purchases / Vehicles	304,404.00	
216	0841	422	8003	Capital Purchases / Equipment & Machinery	10,068.56	
216	0843	422	8001	Capital Purchases / Buildings & Structures	229,765.00	
216	0844	422	8003	Capital Purchases / Equipment & Machinery	3,068.00	
209	0831	490	0100	Operating Transfer Out	11,361.35	
209	0831	422	8003	Capital Purchases / Equipment & Machinery		10,918.35
TOTAL (if SUBTOTAL, check here X)					788,895.99	10,918.35

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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
216	0841	390	0000	Operating Transfer In	10,068.56	
216	0843	390	0000	Operating Transfer In	229,765.00	
216	0844	390	0000	Operating Transfer In	3,068.00	
TOTAL (if SUBTOTAL, check here ____)					1,229,827.29	

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	6002	Supplies / Safety Equipment		443.00
209	0832	490	0100	Operating Transfer Out	440,931.30	
209	0832	422	8003	Capital Purchases / Equipment & Machinery		55,377.08
209	0832	422	8009	Capital Purchases / Vehicles		385,554.22
209	0833	490	0100	Operating Transfer Out	8,034.00	
209	0833	422	8003	Capital Purchases / Equipment & Machinery		8,034.00
209	0834	490	0100	Operating Transfer Out	50,342.80	
209	0834	422	8003	Capital Purchases / Equipment & Machinery		50,342.80
209	0835	490	0100	Operating Transfer Out	11,760.34	
209	0835	422	8003	Capital Purchases / Equipment & Machinery		11,760.34
209	0836	490	0100	Operating Transfer Out	27,218.56	
209	0836	422	8003	Capital Purchases / Equipment & Machinery		10,068.56
209	0836	422	8009	Capital Purchases / Vehicles		17,150.00
209	0837	490	0100	Operating Transfer Out	992.00	
209	0837	422	6002	Supplies / Safety Equipment		992.00
TOTAL (if SUBTOTAL, check here X)					539,279.00	539,722.00

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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
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
209	0838	490	0100	Operating Transfer Out	56,888.98	
209	0838	422	8003	Capital Purchases / Equipment & Machinery		17,619.98
209	0838	422	8009	Capital Purchases / Vehicles		39,269.00
209	0839	490	0100	Operating Transfer Out	24,649.60	
209	0839	422	8003	Capital Purchases / Equipment & Machinery		24,649.60
209	0840	490	0100	Operating Transfer Out	354,746.80	
209	0840	422	8003	Capital Purchases / Equipment & Machinery		50,342.80
209	0840	422	8009	Capital Purchases / Vehicles		304,404.00
209	0841	490	0100	Operating Transfer Out	10,068.56	
209	0841	422	8003	Capital Purchases / Equipment & Machinery		10,068.56
209	0843	490	0100	Operating Transfer Out	229,765.00	
209	0843	422	8001	Capital Purchases / Buildings & Structures		229,765.00
209	0844	490	0100	Operating Transfer Out	3,068.00	
209	0844	422	8003	Capital Purchases / Equipment & Machinery		3,068.00
TOTAL (if SUBTOTAL, check here ____)					2,459,654.58	1,229,827.29

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SANTA FE COUNTY

RESOLUTION 2004 - 77

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Teresa Martinez **Dept/Div:** Finance **Phone No.:** 995-2780

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 Fire Impact Fees Fund (216) was established to separate the fire impact fees received for the fire districts from the State Fire Allotments. This request transfers budgeted fire impact fees from the Fire Protection Fund (209) to the Fire Impact Fees Fund (216) to be able to keep track of the activity associated with the impact fees.

- 2) Why was this request not included in the Fiscal Year 2004 Operating Budget?
  The Fire Impact Fees Fund (216) had not been established when the fiscal year 2004 operating budget was prepared.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
  This transfer is non-recurring for fiscal year 2004. The fire impact fees will be deposited into the Fire Impact Fees Fund (216) beginning with fiscal year 2005.

- 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 is not a state special appropriation.
  - b) If this is a state or federal grant, cite grant name, number, award date and amount.
    This is not a state or federal grant.

SFC CLERK RECORDED 07/28/2004

SANTA FE COUNTY

RESOLUTION 2004 - 77

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Teresa Martinez **Dept/Div:** Finance **Phone No.:** 995-2780

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

- 4) (Continued):
  - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
    This request is not a result of Commission action.

  - d) Please identify other funding sources that can be used to match this request.
    There are no other funding sources to match this request.

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
  This request transfers budget for capital purchases that was established in the Fire Protection Fund (209) from fire impact fees to the Fire Impact Fees Fund (216).

- 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 does not have an FTE impact.

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SANTA FE COUNTY

RESOLUTION 2004 - 77

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 27th Day of July 2004.

Santa Fe Board of County Commissioners

Paul Campos, Chairperson

ATTEST:

Rebecca Bustamante, County Clerk

RESOLUTION
COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
PAGES: 7

I Hereby Certify That This Instrument Was Filed for Record On The 28TH Day Of July, A.D., 2004 at 10:32 And Was Duly Recorded as Instrument # 1339198 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Rebecca Bustamante
Deputy _____ County Clerk, Santa Fe, NM

Approved As To Form.

By _____
for Stephen Ross, County Attorney

COUNTY CLERK SANTA FE COUNTY NEW MEXICO REBECCA BUSTAMANTE

COUNTY CLERK SANTA FE COUNTY NEW MEXICO REBECCA BUSTAMANTE