

## SANTA FE COUNTY

RESOLUTION 2006 - 174

## 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 31, 2006, did request the following budget adjustment:Department / Division: Fire /Emergency PreparednessFund Name: Fire Fund (232)Budget Adjustment Type: Budget DecreaseFiscal Year: 2007 (July 1, 2006 - June 30, 2007)

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	0808	372	90-00	State Grant/Other/Allotment		29,269
232	0808	380	01-00	Joint Powers Agreement / City of Santa Fe		14,634
232	0000	385	02-00	Budgeted Cash		15,134
TOTAL (if SUBTOTAL, check here )						59,037

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	0808	422	10-21	Salary & Wages/Exempt Employees		12,401
232	0808	422	20-01	Salary & Wages/FICA - Regular		888
232	0808	422	20-02	Salary & Wages/FICA - Medicare		222
232	0808	422	20-03	Salary & Wages/Retirement Contributions		3,498
232	0808	422	20-05	Salary & Wages/Health Care		778
232	0808	422	20-06	Salary & Wages/Retirement Health Care		167
TOTAL (if SUBTOTAL, check here X)						17,954

Requesting Department Approval: Stan Holder Title: Chief, Santa Fe County Fire Department Date: 10/05/06Finance Department Approval: Erin Drusting Date: 10/24/06 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

## SANTA FE COUNTY

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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
232	0808	422	30-01	Travel/In-State Mileage & Fares		1,500
232	0808	422	30-02	Travel/Out of State Mileage & Fares		5,595
232	0808	422	30-03	Travel/In State Meals & Lodging		1,500
232	0808	422	30-04	Travel/Out of State Meals & Lodging		3,905
232	0808	422	40-04	Maintenance/Vehicle		2,000
232	0808	422	50-03	Contractual Services/Professional Services		11,087
232	0808	422	60-03	Supplies/Uniform/Linen Purchase		594
232	0808	422	60-07	Supplies/Office Supplies		1,000
232	0808	422	60-08	Supplies/Field Supplies		852
232	0808	422	60-09	Supplies/Educational Supplies		2,500
232	0808	422	70-03	Other Operating Costs/Telephone		800
232	0808	422	70-33	Other Operating Costs/Seminars & Workshops		4,000
232	0808	422	70-37	Other Operating Costs/Printing/Publishing/Ads		5,000
232	0808	422	70-39	Other Operating Costs/Subscriptions & Dues		250
232	0808	422	80-17	Capital Purchases/Medical Equipment		500
TOTAL (if SUBTOTAL, check here )						59,037

## SANTA FE COUNTY

RESOLUTION 2006 - 174Page 3 of 4

- ATTACH ADDITIONAL SHEETS IF NECESSARY.

## DEPARTMENT CONTACT:

Name: Donna MorrisDept/Div: Fire / Emergency PreparednessPhone 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 a budget decrease for the EMPG Sub-grant Agreement #2006-EM-E6-0015-SANT to adjust budget to actual grant award allotment distribution. (Copy of the grant is attached).
- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?  
This information was unknown during the preparation of the FY-07 operating budget process and the amount budgeted was based on the prior years allotment award.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?  
This transfer is non-recurring and there are no future funding impacts.
- 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 is a state grant #2006-EM-E6-0015-SANT (copy attached).
  - 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 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 will decrease the Capital Purchases category to realign the budget with the grant's allotment distribution.
- 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.

**SANTA FE COUNTY**

**RESOLUTION 2006 - 174**

Page 4 of 4

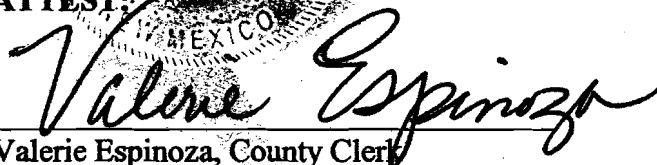
**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

**Approved, Adopted, and Passed This 31<sup>st</sup> Day of October, 2006.**

**Santa Fe Board of County Commissioners**

  
Harry Montoya, Chairperson

**ATTEST:**

  
Valerie Espinoza, County Clerk

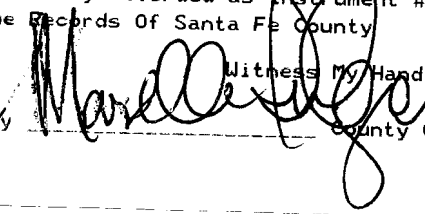
**Approved As To Form.**

By   
Stephen Ross, County Attorney



COUNTY OF SANTA FE           )  
STATE OF NEW MEXICO       ) ss       BCC RESOLUTIONS  
PAGES: 4

I Hereby Certify That This Instrument Was Filed for  
Record On The 2ND Day Of November, A.D., 2006 at 11:42  
And Was Duly Recorded as Instrument # 1457567  
Of The Records Of Santa Fe County

  
Witness My Hand And Seal Of Office  
Valerie Espinoza  
Deputy County Clerk, Santa Fe, NM