SANTA FE COUNTY

RESOLUTION 2006 - 24

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

Whereas, the Board of County Commissioners meeting in regular session on February 28, 2006 , did request the following budget adjustment:

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

Budget Adjustment Type: Budget Increase Fiscal Year: 2006(July 1, 2005- June 30, 2006

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	0843	341	16-02	Impact Fees	50,006	
216	0843	385	04-00	Budgeted Cash/Special Assessments	817,820	
216	0831	341	16-02	Impact Fees	1,004	
216	0831	385	04-00	Budgeted Cash/Special Assessments	7,636	
216	0833	341	16-02	Impact Fees	26,430	
216	0833	385	04-00	Budgeted Cash/Special Assessments	108,561	
TOTAL (if SUBTOTAL, check here X)					1,011,457	

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	0843	422	80-01	Capital Purchases/Buildings & Structures	867,826	
216	0831	422	80-01	Capital Purchases/Buildings & Structures	8,640	
216	0833	422	80-01	Capital Purchases/Buildings & Structures	134,991	
216	0832	422	80-01	Capital Purchases/Buildings & Structures	101,011	
216	0844	422	80-01	Capital Purchases/Buildings & Structures	10,471	
216	0842	422	80-01	Capital Purchases/Buildings & Structures	26,660	
TOTAL (if SUBTOTAL, check here X)					1,149,599	

Requesting Department Approval: Tim Holden **Title:** Chief, Santa Fe County Fire Department **Date:** 2/14/06

Finance Department Approval: Susan D. Luca **Date:** 2.21.06 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** 2/22/06

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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
216	0832	341	16-02	Impact Fees	35,706	
216	0832	385	04-00	Budgeted Cash/Special Assessments	65,305	
216	0844	341	16-02	Impact Fees	2,565	
216	0844	385	04-00	Budgeted Cash/Special Assessments	7,906	
216	0842	341	16-02	Impact Fees	5,656	
216	0842	385	04-00	Budgeted Cash/Special Assessments	21,004	
216	0834	341	16-02	Impact Fees	5,930	
216	0834	385	04-00	Budgeted Cash/Special Assessments	131,048	
TOTAL (If SUBTOTAL, check here X)					1,286,577	

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	0834	422	80-01	Capital Purchases/Buildings & Structures	136,978	
216	0840	422	80-01	Capital Purchases/Buildings & Structures	247,637	
216	0835	422	80-01	Capital Purchases/Buildings & Structures	33,206	
216	0841	422	80-01	Capital Purchases/Buildings & Structures	16,477	
216	0836	422	80-01	Capital Purchases/Buildings & Structures	116,740	
216	0837	422	80-01	Capital Purchases/Buildings & Structures	46,831	
216	0838	422	80-01	Capital Purchases/Buildings & Structures	368,040	
216	0839	422	80-01	Capital Purchases/Buildings & Structures	75,675	
TOTAL (If SUBTOTAL, check here)					2,191,183	

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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
216	0840	341	16-02	Impact Fees	78,363	
216	0840	385	04-00	Budgeted Cash/Special Assessments	169,274	
216	0835	341	16-02	Impact Fees	8,211	
216	0835	385	04-00	Budgeted Cash/Special Assessments	24,995	
216	0841	341	16-02	Impact Fees	1,385	
216	0841	385	04-00	Budgeted Cash/Special Assessments	15,092	
216	0836	341	16-02	Impact Fees	10,719	
216	0836	385	04-00	Budgeted Cash/Special Assessments	106,021	
216	0837	341	16-02	Impact Fees	6,596	
216	0837	385	04-00	Budgeted Cash/Special Assessments	40,235	
216	0838	341	16-02	Impact Fees	5,561	
216	0838	385	04-00	Budgeted Cash/Special Assessments	362,479	
216	0839	341	16-02	Impact Fees	18,491	
216	0839	385	04-00	Budgeted Cash/Special Assessments	57,184	
TOTAL (if SUBTOTAL, check here ____)					2,191,183	

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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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Donna Morris **Dept/Div:** Fire Admin. / All Fire Districts **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 approval for a budget increase to the Impact Fee Fund to budget all districts' available cash balances through December 2005 for expenditure in FY-06.

- **2) Why was this request not included in the Fiscal Year 2005 Operating Budget?**
  During the preparation of the FY-06 Operating Budget Process this information was unknown.

- **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 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 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 impact the Capital Purchases category for all fire districts, as the spending of impact fees is restricted to capital purchases.

- **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.

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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 28th Day of February 2006.

Santa Fe Board of County Commissioners

Harry Montoya, Chairperson

ATTEST:

Valerie Espinoza, County Clerk

Approved As To Form.

By _____
Stephen Ross, County Attorney

BCC RESOLUTIONS
PAGES: 5

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 2ND Day Of March, A.D., 2006 at 08:54 And Was Duly Recorded as Instrument # 1422470 Of The Records Of Santa Fe County

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