

SANTA FE COUNTY

RESOLUTION 2009 - 173

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

Whereas, the Board of County Commissioners meeting in regular session on September 29, 2009, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Various Fire Districts (244) Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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
244	0834	385	02-00	Budgeted Cash / State Funds	756	
244	0837	385	02-00	Budgeted Cash / State Funds	69	
244	0839	385	02-00	Budgeted Cash / State Funds	1,833	
244	0843	385	02-00	Budgeted Cash / State Funds	4,784	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					7,442	

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
244	0834	422	60-08	Supplies/Field Supplies	756	
244	0837	422	60-08	Supplies/Field Supplies	69	
244	0839	422	60-08	Supplies/Field Supplies	1,833	
244	0843	422	60-08	Supplies/Field Supplies	4,784	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					7,442	

Requesting Department Approval: Stan Holden Title: Chief Date: 9/01/09

Finance Department Approval: [Signature] Date: 9/29/09 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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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
244	0844	385	02-00	Budgeted Cash / State Funds	209	
TOTAL (if SUBTOTAL, check here)					7,651	

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
244	0844	422	60-08	Supplies/Field Supplies	209	
TOTAL (if SUBTOTAL, check here)					7,651	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Donna Morris Dept/Div: Fire Department/Administration 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 BCC approval for a budget increase to Various Fire Districts (244) Fund to budget the available cash balances from last fiscal years forestry reimbursements to be expended in FY-2010.

a) Employee Actions

Table with 4 columns: Line Item, Action (Add/Delete Position, Reclass, Overtime), Position Type (permanent, term), Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Table with 3 columns: Line Item, Detail (what specific things, contracts, or services are being added or deleted), Amount

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Donna Morris Dept/Div: Fire Department/Administration 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.):

- 3) 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, YES _____ NO X
 - b) Does this include state or federal funds? YES _____ NO X
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
 - c) Is this request is a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request.

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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.

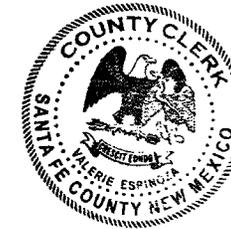
Approved, Adopted, and Passed This 29th Day of September, 2009.

Santa Fe Board of County Commissioners

Michael Anaya, Chairman

ATTEST:

Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 5
I Hereby Certify That This Instrument Was Filed for Record On The 30TH Day Of September, 2009 at 02:19:20 PM And Was Duly Recorded as Instrument # 1578769 Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office Valerie Espinoza Deputy County Clerk, Santa Fe, NM