SANTA FE COUNTY

RESOLUTION 2009 - 219

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

Whereas, the Board of County Commissioners meeting in regular session on <u>November 10, 2009</u> , did request the following budget adjustment:	
Department / Division: Fire Department/Fire Administration Fund Name: _Fire Fund (209)	
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
209 209	0845 0845	371 385	07-00 02-00	Fire Allotment Budgeted Cash / State Funds	12,796 111,007	
					123,803	

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	0845	422	60-01	Supplies/Inventory Exempt	32,000	·
209	0845	422	80-09	Capital Purchases/Vehicles	91,803	
			1		,	
					123,803	

Requesting Department Approval:	Title:	Chief	Date: 10/19/09
Finance Department Approval: WM SM Casting	Date: /5/3/17	Entered by:	Date:
County Manager Approval:		Updated by:	Date:

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		20 to 10 to	# PF#	ZHIY	_	MT.
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ALIAEREA		IVAL AL			45 E.

DEPARTMENT CONTACT:	Name: Donna Morris	Dept/Div: Fi	re Department/Administration Ph	one No.: 992-3082	
					, .
DETAILED JUSTIFICATION I date, other laws, regulations, etc	FOR REQUESTING BUDGET ADJU: .):	STMENT (If applica	ble, cite the following authority: Sta	ite Statute, grant name and aw	ard
• 1) Please summarize the req	uest and its purpose.	÷			
	proval for a budget increase to the State P at year (FY-2010) allocation to the actual				t the
Line Item	Action (Add/Delete Position, Recla	ss, Overtime)	Position Type (permanent, term)	Position Title	
				<u> </u>	
		-			
<u> </u>	(50-xx) and Capital Category (80-xx) det			-	
Line Item	Detail (what specific things, contrac		g added or deleted)	Amou	
80-09	Purchasing fire apparatus and equip	ment.	•		91,803
	·				
		`			
• 2) Is the budget action for l	RECURRING expense or for	NON-RECURRING (one-time only) expense X		
	*			•	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPAR	TMEN	r contact:							
Name:_	<u>D</u>	onna Morris	Dept/Div:_	Fire Department/Admin	istration]	Phone No.:_	992-3082	ni Adje v kaži	and decided with the second se
		STIFICATION FOR REQUEST s, regulations, etc.):	ING BUDGE	Γ ADJUSTMENT (If appli	icable, cite 1	the following	authority: S	State Statute, gr	ant name and awar
• 3)		is request impact a revenue source? If this is a state special appropriat	_		state funds, i	federal funds,	etc.), and add	ress the following	ng:
	• b)	Does this include state or federal if YES, please cite and attach a coaward letter and proposed budget.	opy of statute,		: include gra	nt name, num	ber, award da	te and amount, a	and attach a copy of a
		Copy of the State Fire Fund Allot	ment is attache	xd.					
, .		c) Is this request is a result If YES, please cite and attach a co			X utes, Resolut	tion, Ordinano	ce, etc.).		
	• d)	Please identify other funding sour	ces used to ma	tch this request.					
		N/A							

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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 10th Day of November, 2009

Santa Fe Board of County Commissioners

Michael Anaya, Chairman

ATTEST:

Valerie Espinoza, County Clerk



Deputy

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