#### RESOLUTION 2010 - 155

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

epartm	ent / Division: Fire	e Department/Fi	ire Administration	Fund Name:Fire Administration Forest	ry Grant Fund (244)	
Sudget A	Adjustment Type: _	Budget Inc	rease	Fiscal Year: _2011 (July 1, 2010 - J	une 30, 2011)_	
BUDGE	TED REVENUES	: (use continuation	on sheet, if necessary	y)		
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0809	372	09-00	CFRP/Federal Grant	342,514	
OTAL (if SUBTOTAL, check here						
TOTAL	(if SUBTOTAL, che	eck here)			342,514	
	(if SUBTOTAL, cho		ontinuation sheet, if	necessary)	342,514	
BUDGE FUND CODE	ETED EXPENDITED EXPEND	TURES: (use co	ELEMENT/ OBJECT	necessary)  CATEGORY / LINE ITEM  NAME	342,514  INCREASE AMOUNT	DECREASE AMOUNT
BUDGE FUND	ETED EXPENDI	TURES: (use co	ELEMENT/	CATEGORY / LINE ITEM	INCREASE	
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	TURES: (use co	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME Salaries & Wages/Temp Employees Employee Benefits/FICA	INCREASE AMOUNT 171,760 25,004	
FUND CODE XXX 244	DEPARTMENT/ DIVISION XXXX 0809	TURES: (use control of the control o	ELEMENT/ OBJECT XXXX 10-24	CATEGORY / LINE ITEM NAME Salaries & Wages/Temp Employees	INCREASE AMOUNT 171,760	
FUND CODE XXX 244 244	DEPARTMENT/ DIVISION XXXX 0809 0809	ACTIVITY BASIC/SUB XXX 422 422	ELEMENT/ OBJECT XXXX  10-24 20-01	CATEGORY / LINE ITEM NAME Salaries & Wages/Temp Employees Employee Benefits/FICA	INCREASE AMOUNT 171,760 25,004	
FUND CODE XXX 244 244 244 244	DEPARTMENT/ DIVISION XXXX  0809 0809 0809	TURES: (use co	ELEMENT/ OBJECT XXXX  10-24 20-01 20-02	CATEGORY / LINE ITEM NAME Salaries & Wages/Temp Employees Employee Benefits/FICA Employee Benefits/Medicare	INCREASE AMOUNT 171,760 25,004 5,865	
FUND CODE XXX 244 244 244 270TAL	DEPARTMENT/ DIVISION XXXX  0809 0809 0809 0809 0809 (if SUBTOTAL, character)	TURES: (use co	ELEMENT/ OBJECT XXXX 10-24 20-01 20-02 30-01	CATEGORY / LINE ITEM NAME Salaries & Wages/Temp Employees Employee Benefits/FICA Employee Benefits/Medicare	INCREASE AMOUNT 171,760 25,004 5,865 600 203,229	
FUND CODE XXX 244 244 244 270TAL	DEPARTMENT/ DIVISION XXXX 0809 0809 0809 0809	TURES: (use co	ELEMENT/ OBJECT XXXX 10-24 20-01 20-02 30-01	CATEGORY / LINE ITEM NAME  Salaries & Wages/Temp Employees Employee Benefits/FICA Employee Benefits/Medicare Travel/In State Mileage & Fares	INCREASE AMOUNT 171,760 25,004 5,865 600	AMOUNT

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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
			V-Ball			
TOTAL (	if SUBTOTAL, ch	eck 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
244	0809	422	40-04	Maintenance/Vehicle	3,375	
244	0809	422	40-06	Maintenance/Equipment	5,400	
244	0809	422	50-03	Contractual Services/Professional Services	28,875	
244	0809	422	50-92	Contractual Services/Pass Through	80,115	
244	0809	422	60-01	Supplies/Inventory Exempt	2,670	
244	0809	422	60-02	Supplies/Safety Supplies	13,800	
244	0809	422	60-08	Supplies/Field Supplies	1,000	
244	0809	422	70-33	Other Operating Costs/Seminars & Workshops	1,600	
244	0809	422	80-15	Capital Purchases/Computers & Peripherals	2,450	
ГОТАЬ	if SUBTOTAL, che	eck here			342,514	APPORT

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DEPARTMENT CONTAC	T: Name: _	Donna Morris	Dept/Div: _	Fire Department/Administration Pho	one No.: 992-3082	
DETAILED JUSTIFICATI ate, other laws, regulation		ESTING BUDGET ADJ	USTMENT (If app	licable, cite the following authority: Sta	ate Statute, grant nai	me and award
1) Please summarize th	e request and its p	ourpose.				
a CFRP Federa will fund the cr	Grant to be utilizew's salaries and bevention and fores	ed to cover the cost of the	temporary positions and equipment, and	stry Grant Fund (244) for a total grant awa s for the Wildland Fire Prevention and Ford I maintenance of equipment as well as conf er a three year period.	est Restoration Specia	lists. The grant
Line Item				Position Type (permanent, term)	Position Title	
Line item						
Line item						
	tices (50-vv) and (	Canital Category (80-yy) d	etail:			
b) Professional Serv		Capital Category (80-xx) d		peing added or deleted)		Amount
	Detail (v	what specific things, contra	ects, or services are l	peing added or deleted) the Contractor, Chipping & Mulching Contractor	ractor, Multiparty	Amount 28,875
b) Professional Serv	Detail (v Fire Safe Monitor	what specific things, contractor, A ety Training Contractor, A ing & Partnership Develop	acts, or services are l rchaeological Service oment Contractor.		ractor, Multiparty	

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ATTACI	H ADDITIONAL SHEETS IF NECESSARY.
DEPAR	TMENT CONTACT:
Name:_	Donna Morris Dept/Div: <u>Fire Department/Administration</u> Phone No.: <u>992-3082</u>
	LED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award her 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
	<ul> <li>b) Does this include state or federal funds? YES X NO 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. CFRP Grant FY-2011 through FY-2013 (Grant Summary Attached)</li> <li>c) Is this request 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.).</li> </ul>
	• d) Please identify other funding sources used to match this request. Please see the attached grant summary.

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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.

, 2010. Approved, Adopted, and Passed This 31st Day of August

Santa Fe Board of County Commissioners

ATTEST:

Valerie Espinoza, County

COUNTY OF SANTA FE

BCC RESOLUTIONS PAGES: 5

STATE OF NEW MEXICO

I Hereby Certify That This Instrument Was Filed for Record On The 2ND Day of September, 2010 at 11:29:25 AM And Was Duly Recorded as Instrument # 1609631 Of The Records Of Santa For County

Witness My Hand And Seal Of Office Valerie Espinoza

ounty Olerk, Santa Fe, NM