

RESOLUTION 2011 - 144

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 27, 2011, did request the following budget adjustment:Department / Division: Fire Department/Forest Restoration Grants Fund Name: Forest Restoration Grant Fund (244)Budget Adjustment Type: Budget Decrease Fiscal Year: 2012 (July 1, 2010 - June 30, 2012)

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	0809	372	00-00	Budgeted Cash/Federal Grant		53,155
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)						53,155

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	10-26	Salary & Wages/Term Employees		73,263
244	0809	422	20-01	Benefits/FICA Regular		269
244	0809	422	20-02	Benefits/FICA Medicare		57
244	0809	422	20-03	Benefits/Retirement Contributions		16,194
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)						89,783

Requesting Department Approval: [Signature] Title: Interim ChiefDate: 9-2-11Finance Department Approval: [Signature] Date: 9/19/11

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
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
244	0809	422	20-05	Benefits/Health Care		252
244	0809	422	20-06	Benefits/Retirement Health Care		1,245
244	0809	422	20-07	Benefits/Unemployment Insurance	6,130	
244	0809	422	20-08	Benefits/Workers Comp (Assessment)	1,298	
244	0809	422	30-01	Travel/IS Mileage & Fares	150	
244	0809	422	35-03	Vehicle Expenses/Vehicle Maintenance	125	
244	0809	422	40-06	Maintenance/Equipment	1,404	
244	0809	422	50-03	Contractual Services/Professional Services	6,046	
244	0809	422	50-90	Contractual Services/Other Contractual Services		2,700
244	0809	422	50-92	Contractual Services/Pass Through Funds	22,054	
244	0809	422	60-02	Supplies/Safety Equipment	10,976	
244	0809	422	60-03	Supplies/Uniform Linen Purchase		2,611
244	0809	422	60-05	Supplies/Non-Capital Med & Lab		30
244	0809	422	60-08	Supplies/Field Supplies		6,339
244	0809	422	60-09	Supplies/Educational Supplies	675	
244	0809	422	60-12	Supplies/Rehab/Prgm/Facility Food	322	
244	0809	422	60-90	Supplies/Other Supplies		96
244	0809	422	70-33	Other Operating Cost/Seminars & Workshops	720	
244	0809	422	80-15	Capital Purchases/Computers & Peripherals	1,933	
244	0809	422	80-95	Capital Purchases/Inv.Exempt Computer		2,149
244	0809	422	80-99	Capital Purchases/Inventory Exempt	217	
TOTAL (if SUBTOTAL, check here)					52,050	105,205

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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.

This request is to decrease the FY-2012 budget to reflect the actual FY-2011 available cash balances from the Forest Restoration Grant Fund (244). The FY-2012 Forest Restoration Grant budget was based on the annualized expenditure and cash balance available at the time of the budget preparation to ensure that there would be a sufficient budget to cover salaries and benefits as well as operational expenditures at the start of the fiscal year. This request is to reconcile the fund budget to reflect the actual FY-11 end of year available cash balance.

a) Employee Actions

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:

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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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
 If YES, cite statute and attach a copy.
 - 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.

 US Forest Service Grant 10-DG-11031000-0303, performance period ends June 30, 2013.
 - 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.).
 - d) Please identify other funding sources used to match this request.

 Not Applicable.

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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 27th Day of September, 2011.

Santa Fe Board of County Commissioners

Virginia Vigil
Virginia Vigil, Madam Chair

ATTEST:

Valerie Espinoza
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for
Record On The 28TH Day Of September, 2011 at 03:43:05 PM
And Was Duly Recorded as Instrument # 1646501
Of The Records Of Santa Fe County

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

Deputy Marcella [Signature]