

RESOLUTION 2011 - 147**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/FEMA Grant Fund Name: FEMA Grant Fund (244)Budget Adjustment Type: Budget Increase/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	0814	372	00-00	Budgeted Cash/Federal Grant	98,998	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					98,998	

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	0814	422	10-25	Salary & Wages/Overtime	1,440	
244	0814	422	10-26	Salary & Wages/Term Employees	33,065	
244	0814	422	20-01	Benefits/FICA Regular	2,062	
244	0814	422	20-02	Benefits/FICA Medicare	595	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					37,162	

Requesting Department Approval: [Signature] Title: Interim Chief Date: 9-2-11Finance Department Approval: [Signature] Date: 9/12/11 Entered by: _____ Date: _____

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

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	0814	422	20-03	Benefits/Retirement Contributions	12,010	
244	0814	422	20-05	Benefits/Health Care	9,629	
244	0814	422	20-06	Benefits/Retirement Health Care	770	
244	0814	422	30-02	Travel/OS Mileage & Fares	1,000	
244	0814	422	30-04	Travel/OS Meals & Lodging	1,000	
244	0814	422	50-03	Contractual Services/Professional Services		50,000
244	0814	422	60-09	Supplies/Educational Supplies	29,927	
244	0814	422	70-33	Other Operating Costs/Seminars & Workshops	6,000	
244	0814	422	70-37	Other Operating Costs/Printing/Publishing/Ads	50,000	
244	0814	422	80-99	Capital Purchases/Inventory Exempt	1,500	
TOTAL (if SUBTOTAL, check here)					148,998	50,000

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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.):

- 1) Please summarize the request and its purpose.

This request is to budget FY-11 available cash balances from the FEMA Grant Fund (244) for expenditure in FY-12. The FY-2012 FEMA 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 and to adjust the distribution of the category funds.

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
80-99	Inventory Exempt – Items used for Training and Campaigning	1,500

- 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.

FEMA Grant EMW-2009-FF-00453, performance period ends December 3, 2014.
 - 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 03:43:08 PM
And Was Duly Recorded as Instrument # **1646504**
Of The Records Of Santa Fe County

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