

RESOLUTION 2011 - 153

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/Pojoaque Fire District Fund Name: Pojoaque Revenue Fund (244)

Budget Adjustment Type: Budget Increase 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	0836	371	05-00	State/DOH Grant	80,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					80,000	

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	0836	422	80-09	Capital Purchases/Vehicles	80,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					80,000	

Requesting Department Approval: [Signature] Title: Interim Chief Date: 9-2-11

Finance Department Approval: [Signature] Date: 9/19/11 Entered by: _____ Date: _____

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

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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 the Pojoaque Fire District Revenue Fund (244) for a grant award from the State Department of Health - Emergency Medical Systems Bureau in the amount of \$80,000 to purchase an ambulance Ford F-450 Chassis 4x4.

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
80-09	Vehicle - Ambulance	80,000

- 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.

 NM Department of Health – Emergency Medical Systems Bureau Grant.
 - 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.

 The grant requires a 25% match which is budgeted in the (222) Fire Tax Fund.

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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



Valerie Espinoza
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 4
I Hereby Certify That This Instrument Was Filed for
Record On The 28TH Day Of September, 2011 at 03:43:11 PM
And Was Duly Recorded as Instrument # **1646507**
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy *Marcella* Valerie Espinoza
County Clerk, Santa Fe, NM