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

Whereas, the Board of County Commissioners meeting in regular session on February 22, 2011, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration  
Fund Name: Fire Operations Fund (244)

Budget Adjustment Type: Budget Increase  
Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

BUDGETED REVENUES: (use continuation sheet, if necessary)

<table>
<thead>
<tr>
<th>FUND CODE</th>
<th>DEPARTMENT/ DIVISION</th>
<th>ACTIVITY</th>
<th>ELEMENT/ OBJECT</th>
<th>REVENUE NAME</th>
<th>INCREASE AMOUNT</th>
<th>DECREASE AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>244</td>
<td>0000</td>
<td>385</td>
<td>02-00</td>
<td>Cash/Contractual Services</td>
<td>35,000</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL (if SUBTOTAL, check here) 35,000

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

<table>
<thead>
<tr>
<th>FUND CODE</th>
<th>DEPARTMENT/ DIVISION</th>
<th>ACTIVITY</th>
<th>ELEMENT/ OBJECT</th>
<th>CATEGORY / LINE ITEM NAME</th>
<th>INCREASE AMOUNT</th>
<th>DECREASE AMOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>244</td>
<td>0801</td>
<td>421</td>
<td>50-81</td>
<td>Contractual Services/Medical Services</td>
<td>35,000</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL (if SUBTOTAL, check here) 35,000

Requesting Department Approval:  
Title: Chief  
Date: 1/27/11

Finance Department Approval:  
Entered by:  
Date:

County Manager Approval:  
Date:

Updated by:  
Date:
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 Fire Operations (244) Fund to budget cash for a medical director for the amount of $25,000 and a pharmacist for the amount of $10,000. During the budget preparation for FY-2011 it was not yet determined if Christus St. Vincent’s Regional Medical Center was going to provide these services so the cost was not budgeted at that time.

  a) Employee Actions

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Position Type (permanent, term)</th>
<th>Position Title</th>
</tr>
</thead>
</table>

  b) Professional Services (50-xx) and Capital Category (80-xx) detail:

<table>
<thead>
<tr>
<th>Line Item</th>
<th>Detail (what specific things, contracts, or services are being added or deleted)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-81</td>
<td>Medical Director and Pharmacist Contracts</td>
<td>35,000</td>
</tr>
</tbody>
</table>

  2) Is the budget action for RECURRING expense ______ or for NON-RECURRING (one-time only) expense X
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.):

• 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____
  b) Does this include state or federal funds? YES ____ NO X____
     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. Please see the attached grant awards for NM Fire Protection Grant Council FY 2011 Grants.
     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.
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 22th Day of February, 2011.

Santa Fe Board of County Commissioners

Virginia Vigil, Chairwoman

ATTEST:

Valerie Espinoza, County Clerk