

RESOLUTION 2011 - 45

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

Whereas, the Board of County Commissioners meeting in regular session on March 29, 2011, did request the following budget adjustment:

Department / Division: CSD/RECC Fund Name: Regional Emergency Communications Center Operating Fund

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

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
245	2101	380	0101	City Santa Fe JPA (reimbursement rec'd in FY11 for prior year capital expenditures – used for County contribution)	\$187,722	
245	2101	380	0108	Town of Edgewood JPA (FY11 service provision-used for County contribution)	\$12,278	
245	2101	380	0101	City of Santa Fe JPA (per agreement for capital purchases – City contribution)	\$200,000	
245	2101	380	0108	Town of Edgewood JPA (per agreement for capital purchases – Town contribution)	\$20,000	
TOTAL (if SUBTOTAL, check here)					\$420,000	

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
245	2101	461	8015	Capital Purchase – Computers & Peripherals	\$420,000	
TOTAL (if SUBTOTAL, check here)					\$420,000	

Requesting Department Approval: *Ken R. ...* Title: Director Date: 3/21/11

Finance Department Approval: *...* Date: 3/21/11 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
TOTAL (if SUBTOTAL, check here _____)						

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Ken Martinez Dept/Div: CSD/RECC Phone No.: 992-3096

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.

Requested increase is to purchase an upgrade to the Computer Aided Dispatch (CAD) system which includes a reverse 911 system. This upgrade is needed to improve the RECC's ability to monitor emergency responders whereabouts, dispatch more quickly, and reverse emergency calls in the event of a mass incident. City of Santa Fe and Town of Edgewood have committed their respective contributions per the terms of the RECC JPAs with those entities.

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
8003	Sungard CAD system upgrade	\$420,000

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense x

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

DEPARTMENT CONTACT: Name: Ken Martinez Dept/Div: CSD/RECC Phone No.: 992-3096

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: *RECC Operating Fund JPA Revenue*
 - 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 _____ 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.
 - c) Is this request is 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.

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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 29th Day of March, 2011.

Santa Fe Board of County Commissioners

Virginia Vigil

Virginia Vigil, Chairperson

ATTEST:

Valerie Espinoza
Valerie Espinoza, County Clerk



BCC RESOLUTIONS
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COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of March, 2011 at 02:33:43 PM
and Was Duly Recorded as Instrument # 1630907
of The Records Of Santa Fe County
Witness My Hand And Seal of Office
Valerie Espinoza
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM