SANTA FE COUNTY 7/2811

RESOLUTION 2011 - 62

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTM	ENT DETAILED	ON THIS FORM
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Whereas	, the Board of Co	ounty Commiss	ioners meeting in	regular session on Ap	<u>ril 26, 2011</u> , die	d request the following bu	dget adjustment:
Departme	nt / Division: Fire	Department/Fi	re Administration	Fund Name:Turqu	uoise Trail Fire Distric	et Impact Fees (216)	
1000	djustment Type:				2011 (July 1, 2010 - Ju	ine 30, 2011)_	
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENU NAME		INCREASE AMOUNT	DECREASE AMOUNT
216	0839	341	16-02	Impact Fees/Specia	l Assessments	133,000	
						133,000	
BUDGE	TED EXPENDI	TURES: (use co	ntinuation sheet, if	necessary)			
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / L.		INCREASE AMOUNT	DECREASE AMOUNT
216	0839	422	80-09	Capital Expenditu	res/Vehicles	133,000	
						133,000	
Requestin	g Department App	oroval:	Julies	Title: <u>Interim Fir</u>	e Chief	Date: 4-4-11	
Finance D	epartment Approv	at Mrssa C	Marting	Date: 4/17/6	Entered by:	Date	
County M	anager Approval:			Date:	Updated by:	Date	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

	JUSTIFICATION I	FOR REQUESTING BUDGET ADJUSTMENT (If appl .):	licable, cite the following authority: St	ate Statute, grant name and award			
1) Ple	ase summarize the req	uest and its purpose.					
	fire engine for the Tu they provide public s a) Employee Actions		plan; and, will benefit the fire response co	apabilities in the communities in which			
Line Item		Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title			
	Professional Services (50-xx) and Capital Category (80-xx) detail:					
b) I	Line Item	Detail (what specific things, contracts, or services are b	etail (what specific things, contracts, or services are being added or deleted)				
b) I	22114 114111	Fire Engine for the Turquoise Trail Fire District					
b) I	80-09	The Engine for the Turquoise Tran The District					

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPAR	RTM	ENT	CONTACT:	
Name:_		De	Dept/Div: Fire Department/Administration Phone No.: 992-3082	
			STIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and away, regulations, etc.):	ard
3)	Doe		is request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following: If this is a state special appropriation, YES X NO STATE OF THE District Impact Fees	
	•	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 award letter and proposed budget.	fa
		c)	Is this request is a result of Commission action? YES NOX	
		d)	Please identify other funding sources used to match this request.	
			N/A	

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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 26th Day of April , 2011.

Santa Fe Board of County Commissioners

Virginia Vigil, Madam Chair

ATTEST:

Valerie Espinoza, County Clerk

COUNT

T CLERT

COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) SS

I Hereby Certify That This Instrument Was Filed for Record On The 27TH Day Of April, 2011 at 10:36:45 AM And Was Duly Recorded as Instrument # 1633476 Of The Records Of Santa Fe County

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