

SANTA FE COUNTY
RESOLUTION 2012 - 124

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 25, 2012, did request the following budget adjustment:

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

Budget Adjustment Type: Budget Decrease Fiscal Year: 2013 (July 1, 2012 - June 30, 2013)

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	0809	385	03-00	Budgeted Cash/Forestry		77,045
TOTAL (if SUBTOTAL, check here)						77,045

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	0809	422	10-24	Salary & Wages/Temporary Positions		4,901
244	0809	422	10-26	Salary & Wages/Term Employees		61,656
244	0809	422	20-01	Employee Benefits/FICA Regular		2,676
244	0809	422	20-02	Employee Benefits/FICA Medicare		626
244	0809	422	20-03	Employee Benefits/Retirement		3,752
244	0809	422	20-05	Employee Benefits/Health Care		3,265
TOTAL (if SUBTOTAL, check here X)						76,876

Requesting Department Approval: [Signature] Title: Chief Date: 9-12-12

Finance Department Approval: [Signature] Date: 9/13/12 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
244	0809	422	20-06	Employee Benefits/Retirement Health Care		135
244	0809	422	20-08	Employee Benefits/Workers Comp		21
244	0809	422	70-33	Other Operating Costs/Seminars & Workshops		13
TOTAL (if SUBTOTAL, check here)						77,045

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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 decrease in the amount of \$77,045 to the Fire Department Forestry Fund (244) to reflect the actual FY-2012 end of year available cash balance.

e

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

- 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.

CFRP Grant, NMAC Grant, YCC Grant and Forestry Revenue.
 - 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.

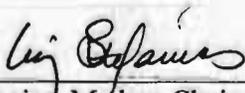
N/A

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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.

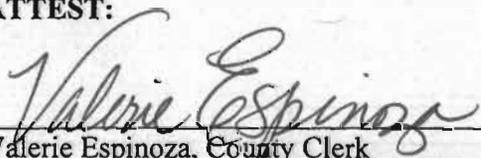
Approved, Adopted, and Passed This 25th Day of September, 2012.

Santa Fe Board of County Commissioners



Liz Stefanics, Madam Chair

ATTEST:



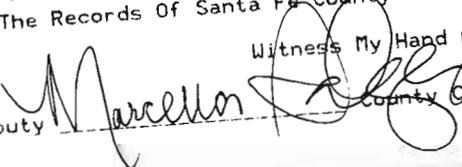
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 5

I Hereby Certify That This Instrument Was Filed for
Record On The 27TH Day Of September, 2012 at 11:49:22 AM
And Was Duly Recorded as Instrument # 1682774
Of The Records Of Santa Fe County

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