

SANTA FE COUNTY

RESOLUTION 2012 - 14

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

Whereas, the Board of County Commissioners meeting in regular session on January 31, 2012, did request the following budget adjustment:

Department / Division: Fire Department/Various Fire Districts Fund Name: Fire District 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	0832	371	05-00	State/FP Grant	40,000	
244	0833	371	05-00	State/FP Grant	80,000	
244	0834	371	05-00	State/FP Grant	6,400	
244	0835	371	05-00	State/FP Grant	32,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					158,400	

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	0832	422	40-06	Maintenance/Equipment	40,000	
244	0833	422	40-06	Maintenance/Equipment	80,000	
244	0834	422	40-06	Maintenance/Equipment	6,400	
244	0835	422	40-06	Maintenance/Equipment	32,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					158,400	

Requesting Department Approval: [Signature] Title: Interim Chief Date: 12-28-11

Finance Department Approval: [Signature] Date: 1/18/12 Entered by: _____ Date: _____

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

[Signature] 1/31/12

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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
244	0836	371	05-00	State/FP Grant	76,800	
244	0839	371	05-00	State/FP Grant	48,000	
244	0841	371	05-00	State/FP Grant	24,000	
244	0842	371	05-00	State/FP Grant	40,000	
TOTAL (if SUBTOTAL, check here)					347,200	

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	40-06	Maintenance/Equipment	76,800	
244	0839	422	40-06	Maintenance/Equipment	48,000	
244	0841	422	40-06	Maintenance/Equipment	24,000	
244	0842	422	40-06	Maintenance/Equipment	40,000	
TOTAL (if SUBTOTAL, check here)					347,200	

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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.

This request is to budget FY-2012 State Fire Protection Grants awarded to various fire districts for the replacement of SCBA's to meet the requirements of the latest Edition of NFPA 1981.. There is a 20% grant match for each awarded fire district that will be met with the fire districts (209) fire fund allotment.

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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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
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.

State of NM Fire Protection Fund

 - 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 awarded fire districts will use their annual (209) State Fire Fund disbursement to meet their 20% grant match requirement.

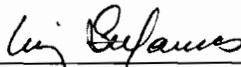
CFC CLERK RESOLUTION #2701-2012

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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.

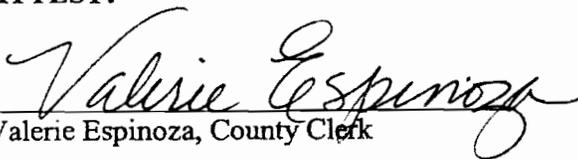
Approved, Adopted, and Passed This 31st Day of January, 2012.

Santa Fe Board of County Commissioners



Liz Stefanics, Madam Chair

ATTEST:



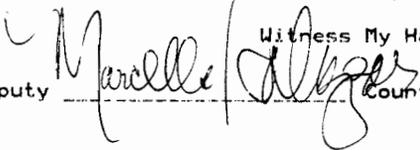
Valerie Espinoza, County Clerk



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 1ST Day Of February, 2012 at 03:21:20 PM
And Was Duly Recorded as Instrument # **1659210**
Of The Records Of Santa Fe County

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