

SANTA FE COUNTY

RESOLUTION 2012 - 47

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 27, 2012, did request the following budget adjustment:

Department / Division: Fire Department/Emergency Preparedness Grants Fund Name: Emergency Preparedness Fund (244)

Budget Adjustment Type: Budget Increase/Decrease 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	0808	372	00-00	Grant/Homeland Security	93,459	
TOTAL (if SUBTOTAL, check here)					93,459	

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	0808	422	10-24	Salaries/Temporary Positions		38,362
244	0808	422	10-25	Salaries & Wages/Overtime	57,600	
244	0808	422	20-01	Employee Benefits/FICA Regular		2,206
244	0808	422	40-06	Maintenance/Equipment		3,490
244	0808	422	60-02	Supplies/Safety Supplies	18,981	
TOTAL (if SUBTOTAL, check here X)					76,581	44,058

Director of Public Safety

Requesting Department Approval: [Signature] Title: Interim Chief

Date: 2-29-12

Finance Department Approval: [Signature] Date: 3/13/12

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	0808	422	60-05	Supplies/Non-Capital Med & Lab	3,763	
244	0808	422	60-08	Supplies/Field Supplies	13,173	
244	0808	422	60-09	Supplies/Educational Supplies	4,060	
244	0808	422	80-03	Capital Purchases/Equipment & Machinery	34,553	
244	0808	422	80-99	Capital Purchases/Inventory Exempt	5,387	
TOTAL (if SUBTOTAL, check here)					137,517	44,058

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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 increase/decrease to the Emergency Preparedness cost center (244) to decrease the unspent grant award due to the vacancy of the Emergency Management Coordinator funded by Homeland Security Grant 2010-EP-EO-0022-Santa Fe and to also carry forward the grant award balance from FY-2011 for Homeland Security Grant 2010-SS-T0-0011-Santa Fe County to be expended in FY-2012.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-25	Increase OT for a bottom line of 57,600 for training.		

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
80-03	Community Warning System & Holmatro Extrication Equipment	34,553
80-99	Community Warning System & Holmatro Extrication Equipment	5,387

- 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.

Department of Homeland Security Grant 2010-SS-T0-0011-Santa Fe County and 2010-EP-EO-0022-Santa Fe

 - 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.).

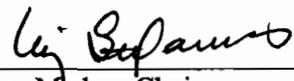
 - d) Please identify other funding sources used to match this request. N/A

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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 27th Day of March, 2012.

Santa Fe Board of County Commissioners


Liz Stefanics, Madam Chair

ATTEST:

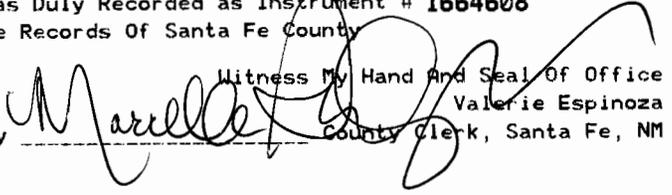

Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

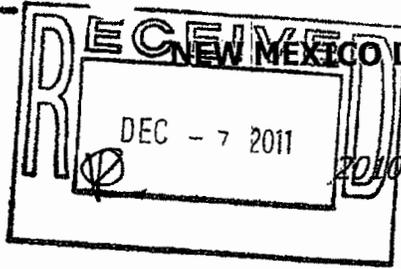
BCC RESOLUTIONS
PAGES: 7

I Hereby Certify That This Instrument Was Filed for Record On The 28TH Day Of March, 2012 at 04:29:20 PM And Was Duly Recorded as Instrument # **1664608** Of The Records Of Santa Fe County

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

ORIGINAL

05-42011-0100-10/2



NEW MEXICO DEPARTMENT OF HOMELAND SECURITY & EMERGENCY MANAGEMENT
Sub-Grant Amendment
2010 Emergency Management Performance Grant

1. Sub-Grant No. 2010-EP-EO-0022-SANTA FE	2. Recipient SANTA FE COUNTY	3. Amendment Number 1
5. Recipient Address SANTA FE COUNTY 35 CAMINO JUSTICIA SANTA FE, NM 87508		6. Issuing Office and Address New Mexico Department of Homeland Security & Emergency Management PO Box 27111 Santa Fe, NM 87502
7. Effective Date of This Action: July 1, 2010	8. DHSEM Grant Specialist: Vanessa Roybal	Phone: 505-476-9616 Fax: 505-476-9695 Email: Vanessa.Roybal@state.nm.us
9. Termination Date: December 31, 2011		
10. Award Amount: \$63,618.00		
11. Increase/Decrease: DATE EXTENSION ONLY, DUE TO DELAY IN FILLING THE POSTION. This amendment allow for an extension of time only. No additional funds are awarded and all other original requirements, assurances and agreements remain in place and unaltered.		
12. Recipient is required to sign and return the original of this document.		
13. Signature of Jurisdiction Grant Specialist/Program Manager 		Date: 12-6-11 Phone: 505-992-3072 Fax: 505-992-3073 Email: mavigile@santafecounty.org
Printed Name: MARTIN A. VIGIL		
14. Signature of Jurisdiction Chief Financial Officer 		Date: 12-6-11 Phone: 505-992-3085 Fax: Email: swray@santafecounty.org
Printed Name: Steve Wray		
15. Signature of Jurisdiction Signatory Official 		Date: 8-31-11 Phone: 505-986-6200 Fax: Email: kmiller@santafecounty.org
Printed Name and Title: Katherine Miller, SF County Manager		
16. DHSEM Signatory Official (Name and Title) 		Date: 12/7/11

SFC CLERK RECORDED 03/28/2012

COPY

Approved as to form
Santa Fe County Attorney

By:
Date: 8/15/11



**NEW MEXICO DEPARTMENT OF HOMELAND SECURITY
& EMERGENCY MANAGEMENT**

*Sub-Grant Amendment
2009 State Homeland Security Grant Program*

SFC# 2011-0201-FD/SS

1. Sub-Grant No. <i>2010-SS-T0-0011-Santa Fe County</i>	2. Recipient <i>County of Santa Fe</i>	3. Amendment Number <i>1</i>	
5. Recipient Address: Santa Fe County PO Box 276 Santa Fe, NM 87504		6. Issuing Office and Address New Mexico Department of Homeland Security & Emergency Management PO Box 27111 Santa Fe, NM 87502 <i>9/26/11</i>	
7. Effective Date of This Action: <i>January 1, 2011</i>		8. DHSEM Grant Specialist: <i>Vanessa B. Roybal</i>	Ph ne: <i>505-476-9616-9/26/11</i> Fax: <i>505-476-9695</i> Email: <i>Vanessa.Roybal@state.nm.us</i>
9. Termination Date: <i>July 1, 2012</i>		<i>Drew Chavez</i>	
10. Increase/Decrease: \$166,127.00 6 month Date Extension, Termination Date July 1, 2012			
11. Recipient is required to sign and return the original of this document, as well as the signed and accepted grant requirements, assurances and agreements to the Issuing Address in block 6, within 30 days from the date in block 17.			
12. Signature of Jurisdiction Grant Specialist/Program Manager <i>Martin A. Vigil</i>		Date: <i>1-3-12</i> Phone: <i>505-992-3072</i> Fax: <i>505-992-3073</i> Email: <i>MAVIGIL@SANTA FE COUNTY.ORG</i>	
Printed Name: <i>MARTIN VIGIL</i>			
13. Signature of Jurisdiction Chief Financial Officer <i>Steve Moya</i>		Date: <i>1-3-12</i> Phone: <i>505-992-3083</i> Fax: <i>505-992-3073</i> Email: <i>SMoya@SANTAFECOUNTY.ORG</i>	
Printed Name: <i>STEVE MOYA</i>			
14. Signature of Jurisdiction Signatory Official <i>Katherine Miller</i>		Date: <i>2.6.12</i> Phone: <i>505-986-6200</i> Fax: Email:	
Printed Name and Title: <i>Katherine Miller, SFCo. mgr</i>			
15. DHSEM Signatory Official (Name and Title) <i>Deborah K. Romeo, CFO</i>		Date <i>2/14/12</i>	

Approved as to form
Santa Fe County Attorney
By: *[Signature]*
Date: *1/19/2012*

SFC CLERK RECORDED 03/28/2012