

SANTA FE COUNTY

RESOLUTION 2013 - 109

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

Whereas, the Board of County Commissioners meeting in regular session on October 29, 2013, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Chimayo Fire District Revenue Fund (244)

Budget Adjustment Type: Budget Increase Fiscal Year: 2014 (July 1, 2013 - June 30, 2014)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIS/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0831	371	05-00	State Grant/Fire Protection	55,000	
					55,000	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIS/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0831	422	80-09	Capital Purchases/Vehicles	55,000	
					55,000	

Requesting Department Approval: [Signature] Title: Fire Chief Date: 10-15-13
 Finance Department Approval: [Signature] Date: 10/16/13 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 10-29-13 Updated by: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2013 - 109

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 to budget a NM Fire Protection Grant awarded to the Chimayo Fire District in the amount of \$55,000. This grant was awarded to the Chimayo fire district for the purchase of a new Brush Truck fire apparatus..

a) Employee Actions

Table with 4 columns: 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:

Table with 3 columns: 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
 - 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. NM Fire Protection Grant Council.
 - 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. Chimayo Annual Fire Fund Distribution.

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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.

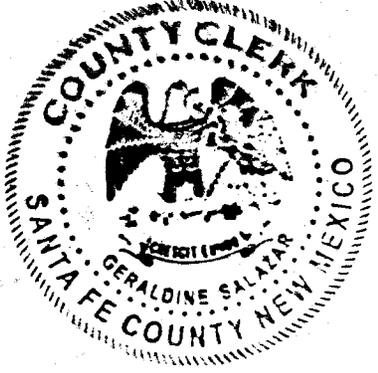
Approved, Adopted, and Passed This 29th Day of October, 2013.

Santa Fe Board of County Commissioners

Kathy Holian
Kathy Holian, Madam Chair

ATTEST:

Geraldine Salazar
Geraldine Salazar, County Clerk 10-29-2013



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 1ST Day Of November, 2013 at 08:53:42 AM
And Was Duly Recorded as Instrument # 1722060
Of The Records Of Santa Fe County
Deputy Marcella [Signature] Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM