

SANTA FE COUNTY

RESOLUTION 2013 - 123

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

Whereas, the Board of County Commissioners meeting in regular session on November 26, 2013, did request the following budget adjustment:

Department / Division: Fire Department/Emergency Management Fund Name: Hazmat Grant (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 BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0806	385	03-00	Budgeted Cash/Hazmat Grant	22,114	
TOTAL (if SUBTOTAL, check here)					22,114	

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	0806	422	30-02	Travel/Out of State Travel Mileage & Fares	1,279	
244	0806	422	30-04	Travel/Out of State Travel Meals & Lodging	2,445	
244	0806	422	60-02	Supplies/Safety Supplies	770	
244	0806	422	60-07	Supplies/Operational Supplies	859	
TOTAL (if SUBTOTAL, check here X)					5,353	

Requesting Department Approval: [Signature] Title: Chief Date: 11.7.13

Finance Department Approval: [Signature] Date: 11/26/13 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 11.26.13 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	0806	422	70-33	Other Operating Costs/Seminars & Workshops	3,520	
244	0806	422	80-09	Capital Purchases/Vehicle	6,000	
244	0806	422	80-99	Capital Purchases/Inventory Exempt	7,241	
TOTAL (if SUBTOTAL, check here)					22,114	

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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 to the Hazmat Grant (244) Fund to budget the FY-2013 available cash balance of \$22,114 to be expended in FY-2014 in accordance with the WIPP JPA expenditure specifications.

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
80-09	Emergency Lights and Equipment for EM Truck	6,000
80-99	Satellite receiver/equipment for the CBRNE	7,241

- 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.

WIPP Isolation Pilot Project Joint Powers Agreement.

 - 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.

Not Applicable.

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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 November, 2013.

Santa Fe Board of County Commissioners

Kathy Holian, Madam Chair

ATTEST:

Geraldine Salazar 11-26-13

Geraldine Salazar, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 27TH Day Of November, 2013 at 12:40:35 PM And Was Duly Recorded as Instrument # 1724258 Of The Records Of Santa Fe County

Deputy [Signature] Witness My Hand And Seal Of Office Geraldine Salazar County Clerk, Santa Fe, NM