

## SANTA FE COUNTY

RESOLUTION 2013 - 125

## 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/Fire Administration Fund Name: SAFER Grant (244)Budget Adjustment Type: Budget Decrease 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	0814	372	00-00	Federal Grants/SAFER Grant		33,827
<b>TOTAL (if SUBTOTAL, check here )</b>						33,827

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	0814	422	10-26	Salary & Wages/Term Employees		17,768
244	0814	422	20-01	Employee Benefits/FICA Regular		1,092
244	0814	422	20-02	Employee Benefits/FICA Medicare		255
244	0814	422	20-03	Employee Benefits/Ret. Contributions		3,322
<b>TOTAL (if SUBTOTAL, check here X )</b>						22,437

Requesting Department Approval: [Signature] Title: Chief Date: 11.7.13Finance Department Approval: [Signature] Date: 11/13/13 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_County Manager Approval: [Signature] Date: 11-26-13 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

**SANTA FE COUNTY**

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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
<b>TOTAL (if SUBTOTAL, check here )</b>						

**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	0814	422	20-05	Employee Benefits/Healthcare		287
244	0814	422	20-06	Employee Benefits/Retirement Healthcare		353
244	0814	422	60-09	Supplies/Educational Supplies		3,135
244	0814	422	70-33	Other Operating Expenses/Seminars & Workshops		410
244	0814	422	70-37	Other Operating Expenses/Printing/Publishing/Ads		7,204
244	0814	422	80-09	Capital Purchases/Vehicles		1
<b>TOTAL (if SUBTOTAL, check here )</b>						33,827

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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 to the FEMA SAFER Grant (244) Fund to reconcile the FY-2014 budget to reflect the actual FY-2013 end of year available grant balance.

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.  
  
FEMA SAFER Grant EMW-2009-FF-00453.
  
  - 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  
Kathy Holian, Madam Chair

ATTEST:

Geraldine Salazar 11-26-13

Geraldine Salazar, County Clerk



COUNTY OF SANTA FE ) BCC RESOLUTIONS  
STATE OF NEW MEXICO ) ss PAGES: 5  
I Hereby Certify That This Instrument Was Filed for  
Record On The 27TH Day Of November, 2013 at 12:47:31 PM  
And Was Duly Recorded as Instrument # 1724260  
Of The Records Of Santa Fe County  
Deputy Julka Romero Witness My Hand And Seal Of Office  
Geraldine Salazar  
County Clerk, Santa Fe, NM