

SANTA FE COUNTY
RESOLUTION 2013 - 83

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

Whereas, the Board of County Commissioners meeting in regular session on August 27, 2013, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: GOB Series 2011 Fund (339)

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 |
|------------------|---------------------------------|------------------------------|----------------------------|---------------------------------|--------------------|--------------------|
| 339 | 0000 | 385 | 04-00 | GOB Series 2011 / Budgeted Cash | 328,430 | |
| | | | | | 328,430 | |

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 |
|------------------|---------------------------------|------------------------------|----------------------------|---|--------------------|--------------------|
| 339 | 8005 | 481 | 80-01 | Town of Edgewood Station/Buildings & Structures | 328,430 | |
| | | | | | 328,430 | |

Requesting Department Approval: *[Signature]* Title: Fire Chief Date: 8-24-13
 Finance Department Approval: *[Signature]* Date: 8/14/13 Entered by: _____ Date: _____
 County Manager Approval: *[Signature]* Date: 8-27-13 Updated by: _____ Date: _____

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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 budget GOB Series 2011 funds allocated for the construction of the Town of Edgewood Fire Station. These funds were budgeted in FY-2013 and expenditures that were paid against fund 339 were re-classed to utilize older bond balances from fund 353, 370, and 380 creating the necessity to budget the allocation from fund 339 to be expended in FY-2014.

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 |
|-----------|--|---------|
| 80-01 | Town of Edgewood Fire Station Construction | 328,430 |
| | | |
| | | |

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

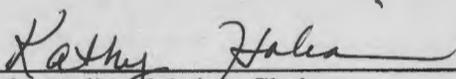
- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES _____ NO X **GOB Series 2011**
 - b) Does this include state or federal funds? YES _____ NO X
If 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.
 - c) Is this request is 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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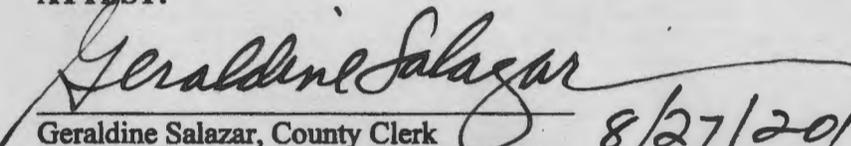
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 27th Day of August, 2013.

Santa Fe Board of County Commissioners


Kathy Holian, Madam Chair

ATTEST:

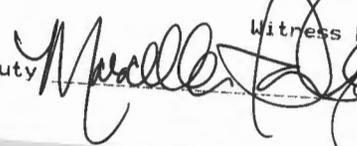

Geraldine Salazar, County Clerk 8/27/2013



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 4

I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of August, 2013 at 12:15:38 PM
And Was Duly Recorded as Instrument # **1716571**
Of The Records Of Santa Fe County

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