

SANTA FE COUNTY

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

Whereas, the Board of County Commissioners meeting in regular session on January 28, 2014, did request the following budget adjustment:Department / Division: Fire Department/Various Fire Districts Fund Name: 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 BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0831	360	09-02	Revenue/State Forestry	160	
244	0834	360	09-02	Revenue/State Forestry	8,514	
244	0835	360	09-02	Revenue/State Forestry	324	
244	0836	360	09-02	Revenue/State Forestry	128	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					9,126	

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	0831	422	60-07	Supplies/Operational Supplies	160	
244	0834	422	60-07	Supplies/Operational Supplies	8,514	
244	0835	422	60-07	Supplies/Operational Supplies	324	
244	0836	422	60-07	Supplies/Operational Supplies	128	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					9,126	

Requesting Department Approval: [Signature] Title: Chief Date: 1-13-14Finance Department Approval: [Signature] Date: 1/13/14 Entered by: _____ Date: _____County Manager Approval: [Signature] Date: 1-28-14 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
244	0838	360	09-02	Revenue/State Forestry	324	
244	0841	360	09-02	Revenue/State Forestry	1,709	
244	0843	360	09-02	Revenue/State Forestry	383	
244	0872	360	09-02	Revenue/State Forestry	2,645	
TOTAL (if SUBTOTAL, check here)					14,187	

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	0838	422	60-07	Supplies/Operational Supplies	324	
244	0841	422	60-07	Supplies/Operational Supplies	1,709	
244	0843	422	60-07	Supplies/Operational Supplies	383	
244	0872	422	10-55	Supplies/Operational Supplies	2,443	
244	0872	422	20-01	Employee Benefits/FICA	164	
244	0872	422	20-02	Employee Benefits/FICA Medicare	38	
TOTAL (if SUBTOTAL, check here)					14,187	

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Page 3 of 5**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 Various Fire Districts (244) Forestry Revenue Fund to reimburse various fire districts for fire personnel and/or apparatus utilized on the Thompson Ridge Fire, Tres Lagunas Fire, and the Guaje Fire. The various fire districts will utilize the reimbursements to purchase or replace necessary field supplies and reimburse personnel utilized on the fires.

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.

NM State Forestry Reimbursements.

 - 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 28th Day of January, 2014.

Santa Fe Board of County Commissioners

[Signature of Daniel W. Mayfield]
Daniel W. Mayfield, Chair

ATTEST:

[Signature of Geraldine Salazar]
Geraldine Salazar, County Clerk
1-28-2014



BCC RESOLUTIONS
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COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of January, 2014 at 03:49:50 PM
And Was Duly Recorded as Instrument # 1728794
Of The Records Of Santa Fe County
Deputy [Signature] Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM