

SANTA FE COUNTY  
RESOLUTION 2014 - 124

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 28, 2014, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Operations Fund (244)

Budget Adjustment Type: Budget Increase Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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	0000	360	01-90	Revenue/Miscellaneous Donation	200	
244	0000	385	02-00	Budgeted Cash/Fire Operations	12,000	
244	0839	371	05-00	State Grant / DOH	7,970	
244	0880	371	19-00	State Grant / YCC	145,787	
<b>TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/> )</b>					<b>165,957</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	0801	421	60-12	Supplies/Rehab/Program/Facility Food	200	
244	0801	421	70-04	Other Operating Costs/Electricity	12,000	
244	0839	422	80-14	Capital Purchases/Medical Equipment	7,970	
244	0880	422	10-24	Salaries & Wages/Temp Employees	114,078	
244	0880	422	20-01	Employee Benefits/FICA Regular	7,659	
244	0880	422	20-02	Employee Benefits/FICA Medicare	1,791	
244	0880	422	20-07	Employee Benefits/Unemployment Insurance	3,000	
244	0880	422	20-08	Employee Benefits/Workers Comp	101	
<b>TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/> )</b>					<b>146,799</b>	

Requesting Department Approval: [Signature] Title: Chief Date: 10-15-14  
 Finance Department Approval: [Signature] Date: 10/15/14 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: [Signature] Date: 10-28-14 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	0806	385	02-00	Budgeted Cash/Hazmat Grant	32,023	
244	0809	360	09-02	Revenue/State Forestry	1,025	
244	0838	360	09-02	Revenue/State Forestry	79	
244	0872	360	09-02	Revenue/State Forestry	79	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>199,163</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	0880	422	60-02	Supplies/Safety Supplies	18,658	
244	0880	422	80-99	Capital Purchases/Inventory Exempt	500	
244	0806	422	30-04	Travel/Out of State Travel	12,357	
244	0806	422	60-07	Supplies/Operational Supplies	218	
244	0806	422	70-33	Other Operating Costs/Seminars & Workshops	7,605	
244	0806	422	80-09	Capital Purchases/Vehicles	6,000	
244	0806	422	80-99	Capital Purchases/Inventory Exempt	5,843	
244	0809	422	10-25	Salary & Wages/Overtime	947	
244	0809	422	20-01	Employee Benefits/FICA Regular	63	
244	0809	422	20-02	Employee Benefits/FICA Medicare	15	
244	0838	422	60-07	Supplies/Operational Supplies	79	
244	0872	422	10-55	Salary & Wages/Volunteer Reimbursements	72	
244	0872	422	20-01	Benefits/FICA Regular	5	
244	0872	422	20-02	Benefits/FICA Medicare	2	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>199,163</b>	

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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 Fire Operations Fund (244) for a monetary donation made by Elizabeth Estes to the Santa Fe County Fire Department to be utilized for the purchases of rehabilitation supplies used at extended fire and EMS scenes by the SFC Fire Department field staff and volunteers in the amount of \$200. To budget available cash into the Fire Operation Fund to be utilized to pay the electrical utilities for the new Edgewood Station. To budget the FY-2014 available cash balance for the Hazmat Grant to expended in FY-2015 for Hazmat training and equipment for Emergency Management. To budget revenue from NM State Forestry for personnel and equipment utilized on the Cordova Fire in the amount of \$1,183. To budget a NM State DOH grant awarded to the Turquoise Trail Fire District to purchase a Stryker Power Cot in the amount of \$7,970 and to budget the FY-2015/2016 YCC Grant awarded in the amount of \$145,787 to employ local youth ages 18-25 and provide training in natural resources such as forest management, fire ecology, and watershed health for a period of six months.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-24	Add Wildland Hand Crew	Temporary	Forestry Technician
10-25	Overtime for WUI Specialist FTE's / Revenue	FTE	WUI Specialists

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
80-17	Stryker Power Cot	7,970
80-99	Chain Saw	500
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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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 State Forestry Revenue, NM State YCC Grant, NM DOH Grant. Hazmat Grant (NM PRC/Fire Marshal's Division)**
  - 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. **The Turquoise Trail Fire District will utilize their annual EMS Fund Distribution and Fire Fund Allotment as their match for the purchase of a Stryker Power Cot. The YCC Grant will be met by an "in kind" match to include training, vehicles and equipment currently utilized by the SFCFD Wildland Division as well as the salary and benefits of the Wildland Captain's position which is funded by the 244-0801-421 Fire Operations Budget.**

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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 October, 2014.

Santa Fe Board of County Commissioners

*Daniel W. Mayfield*  
Daniel W. Mayfield, Chair



ATTEST:

*Geraldine Salazar*  
Geraldine Salazar, County Clerk

10-28-2014



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
BCC RESOLUTIONS  
PAGES: 5  
I Hereby Certify That This Instrument Was Filed for  
Record On The 29TH Day Of October, 2014 at 03:14:15 PM  
And Was Duly Recorded as Instrument # 1749598  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Geraldine Salazar  
Deputy *Marcello Salazar* County Clerk, Santa Fe, NM