SANTA FE COUNTY

RESOLUTION 2014 - 134

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

			313 A. B. B. C.	
Whereas, the Board of County Commiss	ioners meeting	in regular session on <u>November 25, 2014</u> ,	did request the following	ig budget adjustment:
Department / Division: Fire Department/Fire	re Administration	n Fund Name: Fire Operations Fund (244	0	
Budget Adjustment Type: Budget Inci	rease	Fiscal Year: 2015 (July 1, 2014 - July 1, 2014 - Ju	une 30, 2015)	
BUDGETED REVENUES: (use continuation	n sheet, if necessa	ry) -		
FUND DEPARTMENT/ ACTIVITY CODE DIVISION BASIC/SUB XXX XXXX XXXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
244 0000 360	01-90	Revenue/Miscellaneous Donation	6,000	
			,	
TOTAL (if SUBTOTAL, check here	!		6,000	
BUDGETED EXPENDITURES: (use or	ontinuation sheet, i	if necessary)		
FUND DEPARTMENT/ ACTIVITY CODE DIVISION BASIC/SUB XXX XXXX XXXX	ELEMENT/ OBJECT XXXX	CATEGORY/LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
244 0801 421	60-05	Supplies/ Non-Capital Med & Lab Supplies	6,000	
	2			
TOTAL (if SUBTOTAL, check here)	!		6,000	
Requesting Department Approval	yplicing	Title: Chief	Date: _/	1.16.14
Finance Department Approval: Austral Date: 11/2/64 Entered by: Date:				ate:
County Manager Approval: Gatalrine Date: 11-25-14 Updated by: Date:				ate:

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		DJUSTMENT (If applica	ble, cite the following authority: St	ate Statute, grant name and	
er laws, regulations, etc	c.):				
Please summarize the rec	quest and its purpose.				
		re Operations Fund (244)	for a monetary donation made by the S	t. Vincent Hospital Foundation	
purchase Narcan Kit	IS.				
a) Employee Action	s				
Line Item	Action (Add/Delete Position, R	teclass, Overtime)	Position Type (permanent, term)	Position Title	
<u> </u>					
) Professional Services	(50-xx) and Capital Category (80-xx) detail:			
		:			
Line Item	Detail (what specific things, cor	Detail (what specific things, contracts, or services are being added or deleted)			

				i i	



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ATTACH ADDITIONAL SHEETS IF NECESSARY.

ATTACH ADDITE	UNAL SHEETS IF NECESSARI.
DEPARTMENT C	CONTACT:
Name: Donn	na Morris Dept/Div: Fire Department/Administration Phone No.: 992-3082
DETAILED JUST date, other laws, re	IFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and awai egulations, etc.):
	request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following: This is a state special appropriation, YES NOX
If	oes this include state or federal funds? YES NO X
c) If	Is this request is a result of Commission action? YES NOX YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
	et de la companya de La companya de la co

• 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 25th Day of November, 2014.

Santa Fe Board of County Commissioners

Daniel W. Mayfield, Char

ATTEST

Geraldine Salazar, County Clerk

11-25-2014



COUNTY OF SANTA FE STATE OF NEW MEXICO BCC RESOLUTIONS
PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 1ST Day Of December, 2014 at 03:51:13 PM And Was Duly Recorded as Instrument # 1752026

Of The Records Of Santa Fe County

Vitness by Pland And Seal Of Office
Geraldine Salazar
Sounty Clerk, Santa Fe, NM