

RESOLUTION 2014 - 85

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 26, 2014, did request the following budget adjustment:

Department / Division: Public Works/Project Development Fund Name: GOB Series 2009 Fund (335)
GOB Series 2011 Fund (339)
Capital Outlay GRT Fund (313)

Budget Adjustment Type: Budget Increase Fiscal Year: 2014 (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
335	0000	385	0400	Budgeted Cash	\$4,799	
339	0000	385	0400	Budgeted Cash	\$826,518	
313	0000	385	0200	Budgeted Cash	\$421,838	
TOTAL (if SUBTOTAL, check here)					\$1,253,155	

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
335	8007	481	8001	Capital Purchases/Buildings & Structures	\$4,799	
339	8007	481	8001	Capital Purchases/Buildings & Structures	\$170,201	
339	8009	481	8001	Capital Purchases/Buildings & Structures	\$656,317	
313	8009	481	8001	Capital Purchases/Buildings & Structures	\$421,838	
TOTAL (if SUBTOTAL, check here)					\$1,253,155	

Requesting Department Approval: _____ Title: _____ Date: _____

Finance Department Approval: Carol H. Granillo Date: 8/18/14

Entered by: _____ Date: _____

County Manager Approval: Katherine Ryan Date: 8.26.14

Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Agnes Leyba-Cruz Dept/Div: Public Works/Project Development Phone No.: 995-6516

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.
 - a.- b.) The Fire Department requested a renovation to the Hondo Fire Station #1 to include an additional apparatus bay, renovations to the existing bay, and a new pro-panel roof for the station. The design of the renovations/additions is complete and the project is ready to bid. Staff is requesting that \$4,766 of GOB 2009 funds and \$170,201 of GOB 2011 funds be budgeted to pay for the construction.
 - c.-d.) The new Glorieta Fire Station is currently under design. Preliminary cost estimates show that the station will cost approximately \$1,000,000. Staff is requesting that \$421,838 of Capital Outlay GRT and \$656,317 of GOB 2011 funds be budgeted for the construction of the station. Staff anticipates that the construction will bid in December of 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
8001	Construction of the Hondo Fire Station #1 renovations and additions.	\$4,799
8001	Construction of the Hondo Fire Station #1 renovations and additions.	\$170,201
8001	Construction of the Glorieta Substation/La Joya.	\$656,317
8001	Construction of the Glorieta Substation/La Joya.	\$421,838

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

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DEPARTMENT CONTACT:

Name: Agnes Leyba-Cruz Dept/Div: Public Works/Project Development Phone No.: 995-6516

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

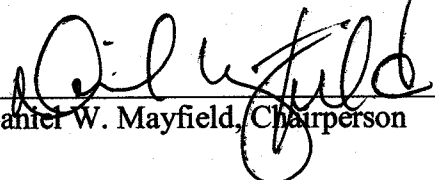
- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - GOB Series 2009 Fund (335)
 - GOB Series 2011 Fund (339)
 - Capital Outlay GRT Fund (313)
 - a) If this is a state special appropriation, YES _____ NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES _____ 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.

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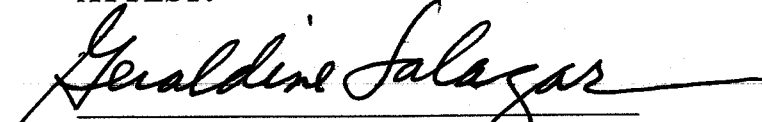
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

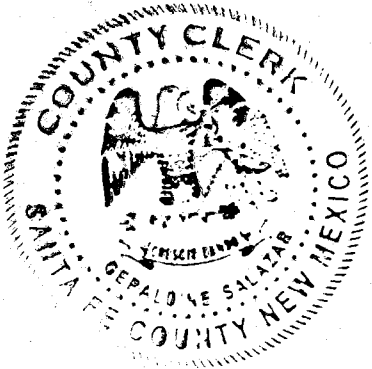
Approved, Adopted, and Passed This 26th Day of August, 2014.

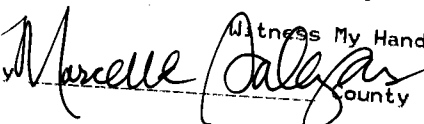
Santa Fe Board of County Commissioners


Daniel W. Mayfield, Chairperson

ATTEST:


Geraldine Salazar, County Clerk
8-26-2014



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 28TH Day Of August, 2014 at 11:11:07 AM
And Was Duly Recorded as Instrument # 1744607
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy  Geraldine Salazar
County Clerk, Santa Fe, NM