

# SANTA FE COUNTY

## RESOLUTION 2014 - 92

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

Whereas, the Board of County Commissioners meeting in regular session on September 30, 2014, did request the following budget adjustment:

Department / Division: Fire Department/Wildland Fund Name: 2015 NMAC Grant 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	0879	372	00-00	State Grant/NMAC	9,803	
<b>TOTAL (if SUBTOTAL, check here )</b>					9,803	

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	0879	422	10-26	Salaries & Wages/Term Employees	5,799	
244	0879	422	20-01	Employee Benefits/FICA Regular	142	
244	0879	422	20-02	Employee Benefits/FICA Medicare	608	
244	0879	422	20-03	Employee Benefits/PERA	127	
<b>TOTAL (if SUBTOTAL, check here X )</b>					6,676	

Requesting Department Approval: [Signature] Title: Chief Date: 9-9-14

Finance Department Approval: [Signature] Date: 9/2/14 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ 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
<b>TOTAL (if SUBTOTAL, check here )</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	0879	422	20-05	Employee Benefits/Group Insurance	127	
244	0879	422	20-06	Employee Benefits/Ret. HC	3,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>9,803</b>	

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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 the 2015 NMAC Grant Fund (244) to budget a new grant award for a total amount of \$9,803. This grant was awarded for a project titled: Rancho Alegre Firewise Project. This project will be completed utilizing existing Wildland Urban Interface employees who are currently employed with the Santa Fe County Fire Department.

## 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.

*New Mexico Association of Counties (NMAC)-*

- 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.

The cost match required by this grant will be met with the Fire Operations Fund (244) and/or the Forestry Fund (244).

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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 30th Day of September, 2014.

Santa Fe Board of County Commissioners

*[Handwritten Signature]*  
Daniel W. Mayfield, Chair

ATTEST:

*[Handwritten Signature]*  
Geraldine Salazar, County Clerk  
9-30-2014



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 2ND Day Of October, 2014 at 08:41:44 AM  
And Was Duly Recorded as Instrument # 1747546  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Geraldine Salazar  
Deputy *[Handwritten Signature]* County Clerk, Santa Fe, NM