

SANTA FE COUNTY

RESOLUTION 2014 - 95

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/Various Fire Districts Fund Name: Fire District Revenue 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 | 0831 | 385 | 02-00 | Budgeted Cash/State Funds | 1,598 | |
| 244 | 0832 | 385 | 02-00 | Budgeted Cash / State Funds | 11,903 | |
| 244 | 0833 | 385 | 02-00 | Budgeted Cash / State Funds | 460 | |
| 244 | 0834 | 385 | 02-00 | Budgeted Cash/State Funds | 43,154 | |
| TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>) | | | | | 57,115 | |

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 | 1,598 | |
| 244 | 0832 | 422 | 60-07 | Supplies/Operational Supplies | 11,903 | |
| 244 | 0833 | 422 | 60-07 | Supplies / Operational Supplies | 460 | |
| 244 | 0834 | 422 | 60-07 | Vehicle Expenses/Vehicle Maintenance | 3,000 | |
| TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>) | | | | | 16,961 | |

Requesting Department Approval: [Signature] Title: Chief Date: 9-10-14
 Finance Department Approval: [Signature] Date: 9/11/14 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 |
|---|---------------------------------|------------------------------|----------------------------|-----------------------------|--------------------|--------------------|
| 244 | 0835 | 385 | 02-00 | Budgeted Cash/State Funds | 324 | |
| 244 | 0836 | 385 | 02-00 | Budgeted Cash/State Funds | 15,492 | |
| 244 | 0837 | 385 | 02-00 | Budgeted Cash / State Funds | 11,651 | |
| 244 | 0838 | 385 | 02-00 | Budgeted Cash/State Funds | 1,741 | |
| 244 | 0839 | 385 | 02-00 | Budgeted Cash / State Funds | 3,433 | |
| 244 | 0840 | 385 | 02-00 | Budgeted Cash/State Funds | 1,827 | |
| 244 | 0841 | 385 | 02-00 | Budgeted Cash / State Funds | 2,114 | |
| 244 | 0842 | 385 | 02-00 | Budgeted Cash/State Funds | 897 | |
| 244 | 0843 | 385 | 02-00 | Budgeted Cash / State Funds | 2,016 | |
| 244 | 0844 | 385 | 02-00 | Budgeted Cash / State Funds | 16,326 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 112,936 | |

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 | 0834 | 422 | 60-07 | Supplies/Operational Supplies | 40,154 | |
| 244 | 0835 | 422 | 60-07 | Supplies/Operational Supplies | 324 | |
| 244 | 0836 | 422 | 50-03 | Services/Contractual/Professional | 7,556 | |
| 244 | 0836 | 422 | 60-02 | Supplies/Safety Equipment | 1,404 | |
| 244 | 0836 | 422 | 60-07 | Supplies/Operational Supplies | 1,492 | |
| 244 | 0836 | 422 | 80-99 | Capital Purchases/Inventory Exempt | 5,040 | |
| 244 | 0837 | 422 | 80-09 | Capital Purchases/Vehicles | 11,651 | |
| 244 | 0838 | 422 | 60-07 | Supplies/Operational Supplies | 1,741 | |
| 244 | 0839 | 422 | 60-07 | Supplies/Operational Supplies | 3,433 | |
| 244 | 0840 | 422 | 60-07 | Supplies/Operational Supplies | 1,827 | |
| TOTAL (if SUBTOTAL, check here X) | | | | | 91,583 | |

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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 |
|---|---------------------------------|------------------------------|----------------------------|-----------------|--------------------|--------------------|
| | | | | | | |
| TOTAL (if SUBTOTAL, check here) | | | | | | |

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 | 0841 | 422 | 60-07 | Supplies/Operational Supplies | 2,114 | |
| 244 | 0842 | 422 | 60-07 | Supplies/Operational Supplies | 897 | |
| 244 | 0843 | 422 | 60-07 | Supplies/Operational Supplies | 2,016 | |
| 244 | 0844 | 422 | 60-07 | Supplies/Operational Supplies | 10,920 | |
| 244 | 0844 | 422 | 80-99 | Capital Purchases/Inventory Exempt | 5,406 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 112,936 | |

SANTA FE COUNTY
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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.

This request is to budget FY-14 available cash balances from the Fire Districts Revenue Fund (244) for expenditure in FY-15 for a total amount of \$112,936. Each fire district was requested to prioritize their needs to budget funds in appropriate expenditure categories.

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 |
|-----------|--|--------|
| 80-XX | Capital Purchases as needed for vehicle accessories and inventory exempt items | 22,097 |
| | | |
| | | |
| | | |

- 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.

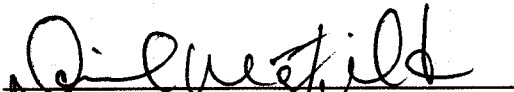
Not Applicable.

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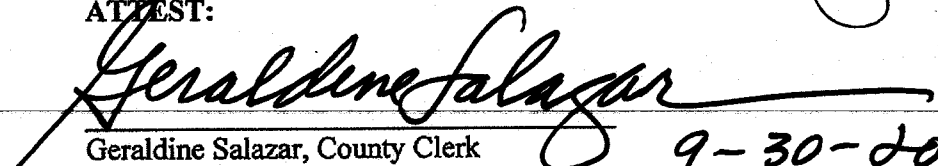
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of September, 2014.

Santa Fe Board of County Commissioners


Daniel W. Mayfield, Chair

ATTEST:


Geraldine Salazar, County Clerk 9-30-2014



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for
Record On The 2ND Day Of October, 2014 at 08:51:10 AM
And Was Duly Recorded as Instrument # 1747549
Of The Records Of Santa Fe County

Deputy  Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM