

RESOLUTION 2015 - 21

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

Whereas, the Board of County Commissioners meeting in regular session on January 27, 2015, did request the following budget adjustment:

Department / Division: Fire Department/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	0809	360	09-02	Revenue/State Forestry	28,351	
244	0833	371	23-00	State Grants/Fire Protection	100,000	
244	0837	371	23-00	State Grants/Fire Protection	49,960	
244	0838	371	23-00	State Grants/Fire Protection	28,400	
TOTAL (if SUBTOTAL, check here X)					206,711	

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	0809	422	10-26	Salaries & Wages/Term Employees	19,851	
244	0809	422	60-02	Supplies/Safety Supplies	5,500	
244	0809	422	60-07	Supplies/Operational Supplies	800	
244	0809	422	80-99	Capital Purchases/Inventory Exempt	2,200	
TOTAL (if SUBTOTAL, check here X)					28,351	

Requesting Department Approval: [Signature] Title: Chief Date: 1-7-15

Finance Department Approval: [Signature] Date: 1/16/15 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 1-27-15 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	0843	371	23-00	State Grants/Fire Protection	100,000	
244	0844	371	23-00	State Grants/Fire Protection	100,000	
TOTAL (if SUBTOTAL, check here)					406,711	

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	0833	422	80-09	Capital Purchases/Vehicles	100,000	
244	0837	422	60-02	Supplies/Safety Supplies	9,340	
244	0837	422	80-01	Capital Purchases/Buildings & Structures	22,510	
244	0837	422	80-03	Capital Purchases/Equipment	9,350	
244	0837	422	80-99	Capital Purchases/Inventory Exempt	8,760	
244	0838	422	60-02	Supplies/Safety Supplies	22,400	
244	0838	422	80-03	Capital Purchases/Equipment	6,000	
244	0843	422	80-01	Capital Purchases/Buildings & Structures	100,000	
244	0844	422	80-09	Capital Purchases/Vehicles	100,000	
TOTAL (if SUBTOTAL, check here)					406,711	

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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 State Forestry Revenue from the Diego Fire to cover salaries for the Wildland Urban Interface personnel as well as purchase additional wildland supplies/equipment and to budget New Mexico State Fire Protection Grant Awards for the Edgewood, Stanley, Tesuque, Agua Fria and Galisteo Fire Districts. The Fire Protection Grants will be utilized to purchase fire response vehicles, PPE, equipment, and facility improvements.

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
80-01	Water Storage Tank and Training Tower	122,510
80-03	Generator	15,350
80-09	Fire Response Vehicles	200,000
80-99	Fire Fighting Equipment	10,960

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

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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

If YES, cite statute and attach a copy.

- b) Does this include state or federal funds? YES 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 and NM Fire Protection Grant Council Awards.

- c) Is this request a result of Commission action? YES NO

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 20% Fire Protection Grant Award Match will be made utilizing the Fire Districts 209 Fire Fund Distribution.

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.

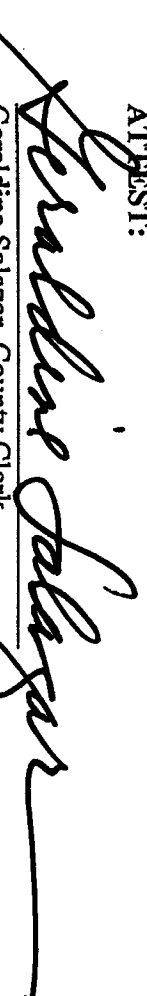
Approved, Adopted, and Passed This 27th Day of January, 2015.

Santa Fe Board of County Commissioners


Robert A. Anaya, Chair

ATTEST:

Geraldine Salazar, County Clerk


1-27-2015



BCC RESOLUTIONS
COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
PAGES: 5
I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of January, 2015 at 04:33:05 PM
And Was Duly Recorded as Instrument # 1756192
Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM
Deputy 