

RESOLUTION 2015 - 29

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

Whereas, the Board of County Commissioners meeting in regular session on February 24, 2015, did request the following budget adjustment:

Department / Division: PS/Fire Department/Emergency Management 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	0882	372	00-00	Federal Grants/2014 Homeland Security Grant	59,000	
TOTAL (if SUBTOTAL, check here)					59,000	

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	0882	422	60-05	Supplies/Non Capital Med & Lab	8,350	
244	0882	422	80-17	Capital Purchases/Medical Equipment	15,700	
244	0882	422	80-99	Capital Purchases/Inventory Exempt	34,950	
TOTAL (if SUBTOTAL, check here)					59,000	

Requesting Department Approval: [Signature] Title: Chief Date: 2.10.15
 Finance Department Approval: [Signature] Date: 2/11/15 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 2/11/15 Updated by: _____ Date: _____

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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.
Requesting BCC approval for a budget increase to the Fire Operations Fund (244) to budget a newly awarded grant number EMW-2014-SS-00030-S01 CFDA No. 97.067 to purchase previously approved equipment for Mass Casualty Incident Preparedness for Hostile Events.

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
80-17	MCI Medical Kits	15,700
80-99	Rescue Task Force Vests, Tactical Medical Kits	34,950

- 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.
2014 State Homeland Security Grant Program. 2014 Federal Grant No. EMW-2014-SS-00030-S01 CFDA No. 97.067 Grant/Amendment 1 attached.

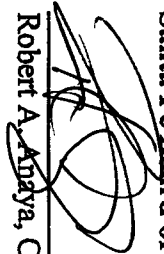
- c) Is this request a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
- d) Please identify other funding sources used to match this request.
Not Applicable.

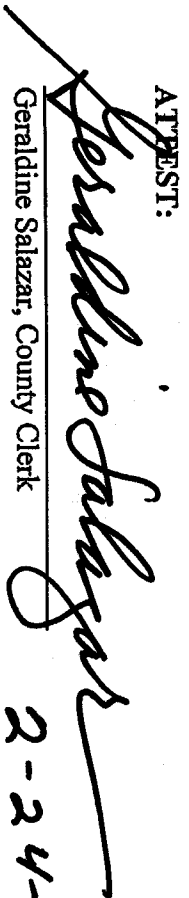
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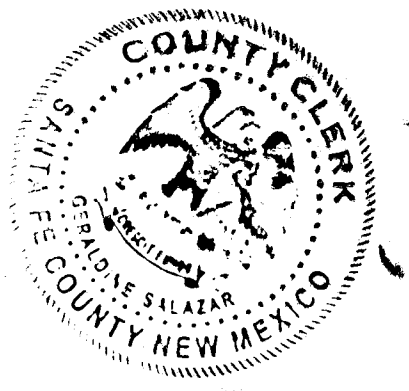
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 24th Day of February, 2015.

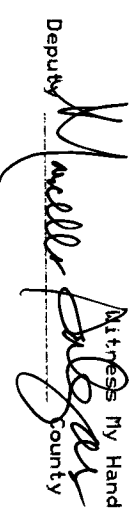
Santa Fe Board of County Commissioners


Robert A. Anaya, Chair

ATTEST:

Geraldine Salazar, County Clerk 2-24-2015



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC MINUTES
PAGES: 4
I Herby Certify That This Instrument Was Filed for
Record On The 26TH Day Of February, 2015 at 10:24:25 AM
And Was Duly Recorded as Instrument # 1758258
Of The Records Of Santa Fe County

Attest My Hand And Seal Of Office

Geraldine Salazar
Deputy County Clerk, Santa Fe, NM