

SANTA FE COUNTY

RESOLUTION 2015 - 56

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

Whereas, the Board of County Commissioners meeting in regular session on April 28, 2015, did request the following budget adjustment:

Department / Division: Fire Department/Fire 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	DEPARTMENT/ DIVISION	ACTIVITY BASIC/SUB	ELEMENT/ OBJECT	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0000	360	01-90	Revenue/Miscellaneous Donation	6,000	
TOTAL (if SUBTOTAL, check here)					6,000	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT/ DIVISION	ACTIVITY BASIC/SUB	ELEMENT/ OBJECT	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0801	421	60-05	Supplies/ Non-Capital Med & Lab Supplies	6,000	
TOTAL (if SUBTOTAL, check here)					6,000	

Requesting Department Approval: [Signature] Title: Chief Date: 4-15-15

Finance Department Approval: [Signature] Date: 4/15/15 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 4-28-15 Updated by: _____ Date: _____

5102/62/00 DEDDCCCR KRRTD CFS

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.

Requesting BCC approval for a budget increase to the Fire Operations Fund (244) for a monetary donation made by the St. Vincent Hospital Foundation to purchase Narcan Kits.

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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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
 - 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. N/A

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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.

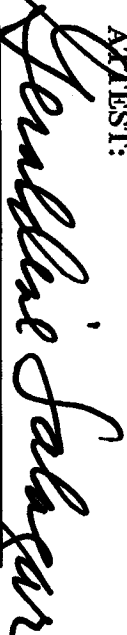
Approved, Adopted, and Passed This 28th Day of April, 2015.

Santa Fe Board of County Commissioners


Robert A. Anaya, Chair

ATTEST:

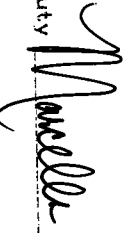
Geraldine Salazar, County Clerk


4-28-2015



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
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BCC RESOLUTIONS
I Herby Certify That This Instrument Was Filed for
Record On The 29TH Day Of April, 2015 at 02:09:08 PM
And Was Duly Recorded as Instrument # 1763048
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office

Geraldine Salazar
Deputy County Clerk, Santa Fe, NM