

SANTA FE COUNTY

RESOLUTION 2018 - 23

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 27, 2018, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Operations (244)

Budget Adjustment Type: Budget Increase Fiscal Year: 2018 (July 1, 2017 - June 30, 2018)

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	0801	360	02-00	Fire Operations / Insurance Recovery	1,129	
					1,129	

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	0801	421	40-01	Maintenance / Buildings & Structures	1,129	
					1,129	

Requesting Department Approval: [Signature] Title: Fire Chief Date: 2.9.18

Finance Department Approval: [Signature] Date: 2/27/18 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 2.27.18 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 to budget \$1,129 of insurance recovery revenue to rebuild a bench wall at the Turquoise Trail Fire Station #1 that was destroyed by a motor vehicle crash.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclasse, 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
 - 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 grant 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. Turquoise Trail Fire Fund Disbursement / Cost Center 209-0839-422

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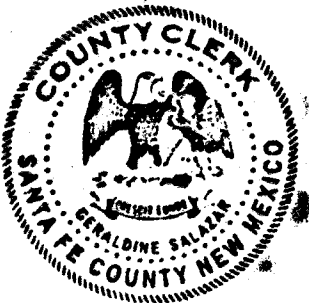
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 27th Day of February, 2018.

Santa Fe Board of County Commissioners

Anna Hansen
Anna Hansen, Chair

ATTEST:
Geraldine Salazar
Geraldine Salazar, County Clerk



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 28TH Day Of February, 2018 at 04:22:19 PM And Was Duly Recorded as Instrument # 1851182 Of The Records Of Santa Fe County

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

