

SANTA FE COUNTY

RESOLUTION 2009 - 19

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, 2009, did request the following budget adjustment:

Department / Division: Fire Department/Administration Fund Name: Hazmat Grant (244)

Budget Adjustment Type: Budget Increase Fiscal Year: 2009 (July 1, 2008 - June 30, 2009)

BUDGETED REVENUES: (use continuation sheet, if necessary)

| FUND                           | DEPARTMENT / DIVISION | ACTIVITY | ELEMENT / OBJECT | REVENUE                    | BUDGET | BUDGET |
|--------------------------------|-----------------------|----------|------------------|----------------------------|--------|--------|
| 244                            | 0806                  | 385      | 03-00            | Budgeted Cash/Hazmat Grant | 330    |        |
| TOTAL OF SUBTOTALS, check here |                       |          |                  |                            |        |        |

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

| FUND | DEPARTMENT / DIVISION | ACTIVITY | ELEMENT / OBJECT | EXPENDITURE             | BUDGET | BUDGET |
|------|-----------------------|----------|------------------|-------------------------|--------|--------|
| 244  | 0806                  | 422      | 60-08            | Supplies/Field Supplies | 330    |        |

Requesting Department Approval: Stan Holden Title: Chief Date: 12/31/08

Finance Department Approval: [Signature] Date: 1/16/09 Entered by: Date:

County Manager Approval: Date: Updated by: Date:

SANTA FE COUNTY  
 RESOLUTION 2009 - 19

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 Hazmat Grant (244) to budget available cash balance from FY-08 for expenditure in FY-09.

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

SANTA FE COUNTY  
RESOLUTION 2009 - 19

*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.  
  
Reference WIPP Isolation Pilot Project Joint Powers of Agreement (copy attached)
  - 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.

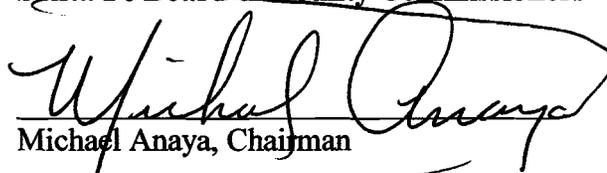
N/A

SANTA FE COUNTY  
RESOLUTION 2009 - 19

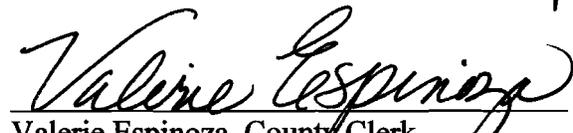
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 27th Day of January, 2009.

Santa Fe Board of County Commissioners

  
Michael Anaya, Chairman

ATTEST:

  
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
BCC RESOLUTIONS  
PAGES: 4  
I Hereby Certify That This Instrument Was Filed for  
Record On The 28TH Day Of January, 2009 at 11:36:03 AM  
And Was Duly Recorded as Instrument # 1550415  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Valerie Espinoza  
Deputy County Clerk, Santa Fe, NM