

SANTA FE COUNTY

RESOLUTION 2009 - 83

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, 2009, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Hondo Impact Fees (216)

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

BUDGETED REVENUES: (use continuation sheet, if necessary)

Table with 7 columns: FUND CODE, DEPARTMENT/DIVISION, ACTIVITY BASIC/SUB, ELEMENT/OBJECT, REVENUE NAME, INCREASE AMOUNT, DECREASE AMOUNT. Row 1: 216, 0834, 385, 04-00, Budgeted Cash/Impact Fees, 82,000. Row 2: 82,000.

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

Table with 7 columns: FUND CODE, DEPARTMENT/DIVISION, ACTIVITY BASIC/SUB, ELEMENT/OBJECT, CATEGORY / LINE ITEM NAME, INCREASE AMOUNT, DECREASE AMOUNT. Row 1: 216, 0834, 422, 80-09, Capital Purchases/Vehicles, 82,000. Row 2: 82,000.

Requesting Department Approval: Stan Holden Title: Chief Date: 4/7/09
Finance Department Approval: Susan C. M... Date: 4/21/09 Entered by: Date:
County Manager Approval: Date: 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 Hondo Fire District Impact Fees (216) to purchase one Horton Type I Ambulance utilizing the fire district impact fees and an EMS Fund Act Vehicle Purchase Act Grant.

a) Employee Actions

Table with 4 columns: Line Item, Action (Add/Delete Position, Reclass, Overtime), Position Type (permanent, term), Position Title. All cells are empty.

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Table with 3 columns: Line Item, Detail (what specific things, contracts, or services are being added or deleted), Amount. Row 1: 80-09, 2009 Ford F450 4X4 Horton Type I Ambulance, \$82,000.

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

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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.

EMS Fund Act Vehicle Purchase Grant in the amount of \$73,000, copy of award letter attached.

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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, 2009.

Santa Fe Board of County Commissioners

[Handwritten Signature]
Michael Anaya, Chairman

ATTEST:

[Handwritten Signature]
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 29TH Day Of April, 2009 at 11:09:21 AM And Was Duly Recorded as Instrument # 1560893 Of The Records Of Santa Fe County

[Handwritten Signature]
Deputy _____ Witness My Hand And Seal Of Office Valerie Espinoza County Clerk, Santa Fe, NM