SANTA FE COUNTY

RESOLUTION 2016 - 39

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 26, 2016, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Tax (222) / Fire Operations (244)

Budget Adjustment Type: Budget Increase Fiscal Year: 2016 (July 1, 2015 - June 30, 2016)

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
222	0000	360	02-00	Fire Tax / Insurance Recovery	4,126	
244	0801	360	02-00	Fire Operations / Insurance Recovery	27,973	
					32,099	

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
222	0821	422	80-09	Capital Purchases / Vehicles	4,126	
244	0801	421	60-07	Supplies / Operational Supplies	7,407	
244	0801	421	80-17	Capital Purchases / Medical Equipment	14,576	
244	0801	421	80-99	Capital Purchases / Inventory Exempt	5,990	
					32,099	

Requesting Department Approval: _____ **Title:** Fire Chief **Date:** 4.7.16

Finance Department Approval: _____ **Date:** 4/13/16 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** 4.26.16 **Updated by:** _____ **Date:** _____

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 to budget $32,099 of insurance recovery revenue to replace the EMS training trailer and the medical equipment that was inside the trailer that was damaged beyond repair due to a motor vehicle crash. The medical equipment will be replaced utilizing the 244 Fire Operating Fund and the trailer has been replaced utilizing the 222 Fire Tax Fund.

  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
80-09	Equipment Trailer	4,126
80-17	Medical Equipment Over $500	14,576
80-99	Medical Equipment Under $500	5,990

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

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.):

- 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. N/A

SANTA FE COUNTY

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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 26th Day of April, 2016.

Santa Fe Board of County Commissioners

Miguel Chavez, Chair

ATTEST:

Geraldine Salazar, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 5

I Hereby Certify That This Instrument Was Filed for Record On The 27TH Day Of April, 2016 at 11:23:20 AM And Was Duly Recorded as Instrument # 1792063 Of The Records Of Santa Fe County

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

SFC CLERK RECORDED 04/27/2016

SANTA FE COUNTY FIRE DEPARTMENT

DEPOSIT

Date 3/30/2016

Payment Code	Check #	Check Date	Payee	Amount
244BW	16054	3/23/2016	NM County Insurance Authority	27,973.02
C5	16054	3/23/2016	NM County Insruance Authority	4,126.00
Total				32,099.02

Santa Fe County
*** CUSTOMER RECEIPT ***
Oper: DIANAA Type: CT Drawer: 1
Date: 4/01/16 10 Receipt no: 152310

Description	Quantity	Amount
244BW	244-0001 INSURANCE RECOV. 1.00	$32099.02

G/L account number:
2440001360200

Tender detail

CK CHECK	$32099.02
Total tendered	$32099.02
Total payment	$32099.02

Trans date: 3/31/16 Time: 12:58:23