

SANTA FE COUNTY

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

Whereas, the Board of County Commissioners meeting in regular session on September 29, 2009, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Admin., Hondo & Stanley Fire Districts (244) Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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	371	06-00	Forestry Reimbursement	591	
244	0834	371	06-00	Forestry Reimbursement	24,007	
244	0837	371	06-00	Forestry Reimbursement	1,287	
					25,885	

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	0872	421	10-55	Salary & Wages / Volunteer Reimbursements	495	
244	0872	421	20-01	Employee Benefits / FICA - Regular	31	
244	0872	421	20-02	Employee Benefits / FICA - Medicare	7	
244	0801	422	60-08	Supplies/Field Supplies	58	
244	0834	422	60-08	Supplies/Field Supplies	24,007	
244	0837	422	60-08	Supplies/Field Supplies	1,287	
					25,885	

Requesting Department Approval: Stan Holden Title: _____ Chief Date: 9/01/09

Finance Department Approval: Jason M. [Signature] Date: 9/22/09 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 Fire Administration, Hondo & Stanley Fire Districts (244) Fund to budget forestry reimbursements for the Christmas, Vista, Four Mile, and Timberon Fires to be expended in FY-2010.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-55	To reimburse firefighters for responding to in-state fires.		

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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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 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.
There are no other funding sources to match this request.

SFC CLERK RECORDED 09/30/2009
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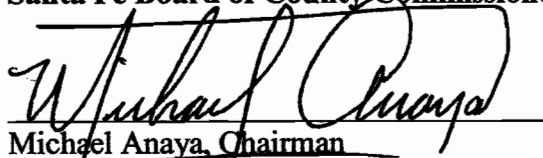
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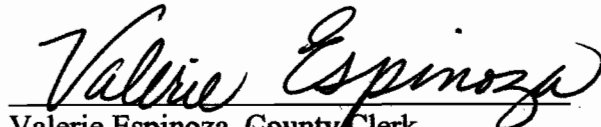
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 29th Day of September, 2009.

Santa Fe Board of County Commissioners


Michael Anaya, Chairman

ATTEST:

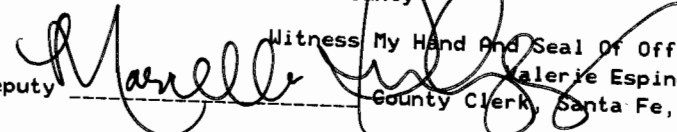

Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for
Record On The 30TH Day Of September, 2009 at 02:19:18 PM
And Was Duly Recorded as Instrument # **1578767**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office

Deputy _____ Valerie Espinoza
County Clerk, Santa Fe, NM