

SANTA FE COUNTY

RESOLUTION 2015 - 115

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

Whereas, the Board of County Commissioners meeting in regular session on August 25, 2015, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Tax ¼ % Fund (222)

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	385	02-00	Budgeted Cash / Fire Tax	75,000	
					75,000	

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	50-03	Services / Contractual Services	75,000	
					75,000	

Requesting Department Approval: [Signature] Title: Fire Chief Date: 7-30-15

Finance Department Approval: [Signature] Date: 8/7/15 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 8-25-15 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 \$75,000 of additional funding to be utilized for contractual services to write the Santa Fe County Multi-Jurisdictional All Hazard Mitigation Plan.

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
50-03	Contractual Services for FEMA Mitigation Plan	75,000

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

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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. N/A

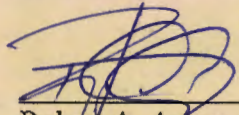


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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

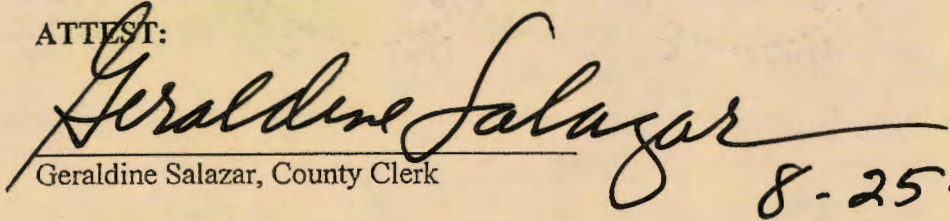
Approved, Adopted, and Passed This 25th Day of August, 2015.

Santa Fe Board of County Commissioners


Robert A. Anaya, Chair




ATTEST:


Geraldine Salazar, County Clerk
8-25-2015

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 26TH Day Of August, 2015 at 09:51:38 AM
And Was Duly Recorded as Instrument # 1772947
Of The Records Of Santa Fe County

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

