

SANTA FE COUNTY

RESOLUTION 2015 - 130

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, 2015, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Operations Fund (244)
 Budget Adjustment Type: Budget Increase/Decrease 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
244	0815	360	09-02	Revenue / State Forestry	5,122	41,240
244	0881	385	03-00	Budgeted Cash / YCC Grant	5,122	41,240

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	0815	422	60-02	Supplies / Safety Supplies	1,022	
244	0815	422	60-07	Supplies / Operational Supplies	2,700	
244	0815	422	80-99	Capital / Inventory Exempt	1,400	
244	0881	422	10-24	Salary & Wages / Temp Positions		27,170
244	0881	422	10-25	Salary & Wages / Overtime		2,967
244	0881	422	20-01	Employee Benefits / FICA - Regular		1,865
244	0881	422	20-02	Employee Benefits / FICA - Medicare		436
244	0881	422	20-05	Employee Benefits / Health Care		230
					5,122	32,668

Requesting Department Approval: [Signature] Title: Fire Chief Date: 9.9.15
 Finance Department Approval: [Signature] Date: 9/28/15 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 9.29.15 Updated by: _____ Date: _____

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BUDGET ADJUSTMENT CONTINUATION SHEET

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
TOTAL (if SUBTOTAL, check here)						

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	0881	422	20-08	Employee Benefits / Workers Comp (Assessment) Supplies / Safety Supplies		21
244	0881	422	60-02			8,551
TOTAL (if SUBTOTAL, check here)						
						41,240

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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 \$5,122 from State Forestry for reimbursement on the Welcome Back Fire for personnel and equipment utilized on the fire. Also, requesting BCC approval to decrease the 2015 YCC grant in the amount of \$41,240 due to an overstated budget. The YCC budget was based on the grant award amount at the time the FY-2016 budget submission was due and the fact that the personnel had not yet been hired to draw down on the grant funding.

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
80-99	Chain Saw supplies and equipment	1,400

- 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 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. State Forestry Fire Reimbursement for Welcome Back Fire and 2015 YCC Grant. (award letter 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

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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.

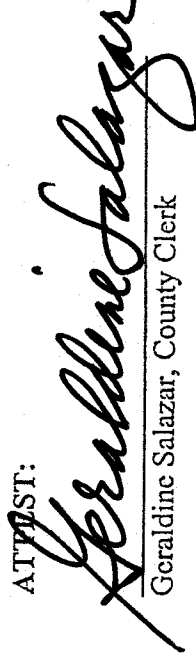
Approved, Adopted, and Passed This 29th Day of September, 2015.

Santa Fe Board of County Commissioners



Robert A. Araya, Chair

ATTEST:



Geraldine Salazar, County Clerk

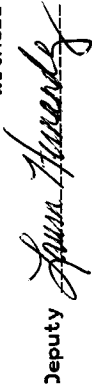


BCC RESOLUTIONS
PAGES: 5

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 30TH Day Of September, 2015 at 01:44:18 PM And Was Duly Recorded as Instrument # 1775991 Of The Records Of Santa Fe County

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



Deputy *[Signature]*

