

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 28, 2010, did request the following budget adjustment:Department / Division: Fire Department/Various Fire Districts Fund Name: FEMA Safer Grant Fund (244)Budget Adjustment Type: Budget Increase/Decrease Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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	0814	372	00-00	Federal Grants/FEMA	499,200	
TOTAL (if SUBTOTAL, check here)					499,200	

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	0814	422	10-26	Salaries & Wages/Term Employee	218,000	
244	0814	422	20-01	Employee Benefits/FICA	13,516	
244	0814	422	20-02	Employee Benefits/Medicare	3,611	
244	0814	422	20-03	Employee Benefits/PERA	64,339	
TOTAL (if SUBTOTAL, check here <u>X</u>)					299,466	

Requesting Department Approval: Stan Holden Title: Chief Date: 9/13/10Finance Department Approval: Carson Martinez Date: 9/13/10 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ 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	0814	422	20-05	Employee Benefits/Group Insurance	40,000	
244	0814	422	20-06	Employee Benefits/Retiree Healthcare	4,534	
244	0814	422	50-03	Contractual Services/Professional Services	80,000	
244	0814	422	60-01	Supplies/Inventory Exempt	6,000	
244	0814	422	60-09	Supplies/Educational Supplies	39,200	
244	0814	422	70-33	Other Operating Costs/Seminars & Workshops	30,000	
TOTAL (if SUBTOTAL, check here _____)					499,200	

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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 FEMA Grant (244) cost center to budget a new grant award in the amount of \$499,200 for the Santa Fe County Fire Department to cover the cost of the Volunteer Recruitment and Retention Program to include a Coordinator salary and fringe benefits, training, campaign, benefit materials, vehicle reimbursements and awards. (Grant Attached)

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	Media Marketing Campaign	80,000

- 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
If YES, cite statute and attach a copy.
 - 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.

FEMA SAFER Grant attached.
 - c) Is this request 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.

Not Applicable.

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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 September, 2010.

Santa Fe Board of County Commissioners

[Signature]
Harry Montoya, Chairman

ATTEST:

[Signature]
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 5
I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of September, 2010 at 12:16:21 PM
And Was Duly Recorded as Instrument # 1612267
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy: [Signature] County Clerk, Santa Fe, NM