

## SANTA FE COUNTY

Page 1 of 4

RESOLUTION 2010 - 211

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

Whereas, the Board of County Commissioners meeting in regular session on November 30th, 2010, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Emergency Preparedness Fund (244)

Budget Adjustment Type: Budget Increase 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	0808	372	00-00	EMPG Grant/Federal	63,618	
TOTAL (if SUBTOTAL, check here _____)					63,618	

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	0808	422	10-24	Salaries & Wages/Temporary Employees	58,752	
244	0808	422	20-01	Employee Benefits/FICA Regular	3,944	
244	0808	422	20-07	Employee Benefits/FICA Medicare	922	
TOTAL (if SUBTOTAL, check here _____)					63,618	

Requesting Department Approval: S. Auld Title: Chief Date: 11/01/10

Finance Department Approval: J. Wilson Date: 11/19/2010 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

## SANTA FE COUNTY

RESOLUTION 2010 - 211*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 Emergency Preparedness (244) Fund for an Emergency Management Performance Grant in the amount of \$63,618 to be utilized for the purpose of salaries and benefits for temporary staffing to be utilized for the enhancement of preparedness, and response and recovery capabilities in Santa Fe County for a period of one year. (Grant Attached)

Line Item		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

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

**SANTA FE COUNTY**  
**RESOLUTION 2010 - 211**

*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 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 **Please see the attached grant.**
  - 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.

The match requirement will be met by a "in kind match" utilizing the current Emergency Managers salaries & benefits (fund 244-0808-422) in lieu of cash




# SANTA FE COUNTY

## RESOLUTION 2010 - 211

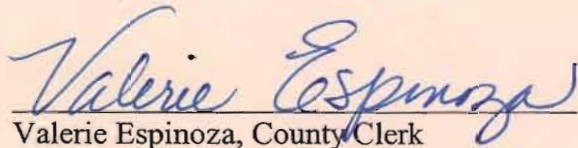
**NOW, THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of November, 2010.

Santa Fe Board of County Commissioners

  
\_\_\_\_\_  
Harry Montoya, Chairman

ATTEST:

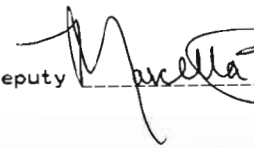
  
\_\_\_\_\_  
Valerie Espinoza, County Clerk



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 1ST Day Of December, 2010 at 09:16:25 AM And Was Duly Recorded as Instrument # **1618512** Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office  
\_\_\_\_\_  
Deputy  Valerie Espinoza  
County Clerk, Santa Fe, NM