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Whereas adjustme		ounty Commiss	sioners meeting in re	gular session on November 30th, 20	did request the fo	ollowing budge
Departme	ent / Division: Fire	Department/Fi	re Administration	Fund Name: Forestry Grant Fund (2	244)_	
	1:	Design to		Fiscal Year: 2011 (July 1, 201	0 Tune 30 2011)	
Budget A	djustment Type:	Budget Inc	rease	Tiscal TealZUTT (July 1, ZUT	0 - June 30, 2011)	
				Piscar rearZOTT (July 1, ZOT	0 - Julie 30, 2011) _	
			n sheet, if necessary)	Piscar rearZ011 (July 1, 201	0 - Julie 30, 2011)	
				REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
BUDGET FUND CODE	TED REVENUES DEPARTMENT/ DIVISION	: (use continuation ACTIVITY BASIC/SUB	n sheet, if necessary) ELEMENT/ OBJECT	REVENUE	INCREASE	

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
244	0809	422	10-22	Salaries & Wages/Temp Employees	107,040	
244	0809	422	20-01	Employee Benefits/FICA Regular	6,636	
244	0809	422	20-02	Employee Benefits/FICA Medicare	1,552	
244	0809	422	20-07	Employee Benefits/Unemployment Insurance	9,634	
244	0809	422	20-08	Employee Benefits/Workers Comp	5,352	
244	0809	422	60-02	Supplies/Safety Supplies	14,010	
244	0809	A22	70-33	Other Operating Costs/Seminars & Workshops	1,280	
TOTAL (i	f SUBTOTAL, ch	eck here			145,504	

Requesting Department Approval: 101de	Title:	Chief	Date:11/01/10	
Finance Department Approval:	WELLB Date: /	1/19/2000 Entered by:_		Date:
County Manager Approval:	Date:	Updated by:		Date:

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ATTACH ADDITIONAL SHEET	TS IF NECESSARY.		
DEPARTMENT CONTACT:	Name:Donna Morris	Dept/Div: Fire Department/Administration Pho	one No.: 992-3082
 date, other laws, regulations, etc. Please summarize the requesting BCC appropriate properties of \$44K will be a summarized to \$44K wil	quest and its purpose. proval for a budget increase to the Fo	DJUSTMENT (If applicable, cite the following authority: State or State of S	504 to be utilized to employ local for a period of six months. The grant
(Grant Attached) Line Item		Position Type (permanent, term)	Position Title
b) Professional Services	(50-xx) and Capital Category (80-xx	x) detail:	
Line Item	Detail (what specific things, cor	ntracts, or services are being added or deleted)	Amount
• 2) Is the budget action for I	RECURRING expense or	for NON-RECURRING (one-time only) expense X	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.
DEPARTMENT CONTACT:
Name: <u>Donna Morris</u> <u>Dept/Div: Fire Department/Administration</u> Phone No.: <u>992-3082</u>
DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):
 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 NOX
 b) Does this include state or federal funds? YES X NO
c) Is this request a result of Commission action? YES NOX 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 an "in kind mach" to include equipment, vehicles and uniforms currently utilized by the SFCFD Wildland division a well as the salaries & benefits of the current Captain's position.

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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 30th Day of November, 2010.

Santa Fe Board of County Commissioners

Harry Montoya, Chairman

ATTEST:

Valerie Espinoza, County Clerk

COUNTY CLEAN THEXICO



COUNTY OF SANTA FE) BCC RESOLUTIONS
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 09:16:27 AM And Was Duly Recorded as Instrument # **1618514** Of The Records Of Santa Fe County

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