

**SANTA FE COUNTY**  
**RESOLUTION 2010 - 214**

**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: Fire Administration 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	0801	371	90-00	EMS Fund Act Grant/State	18,000	
TOTAL (if SUBTOTAL, check here )					18,000	

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
244	0801	422	80-17	Capital Purchases/Medical Equipment	18,000	
TOTAL (if SUBTOTAL, check here )					18,000	

Requesting Department Approval: [Signature] Title: Chief Date: 11/01/10

Finance Department Approval: [Signature] Date: 11/15/10 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_ 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 for a budget increase to the Fire Administration (244) Fund for a EMS Fund Act Grant in the amount of \$18,000 to be utilized for the purpose of procuring a LP-15 Monitor. This was awarded in accordance with the Local System Improvement Project. (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
80-17	LP-15 Monitor	18,000

- 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 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.

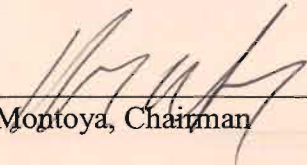
Additional funding has been budgeted in the 222 fund in the amount of \$20,000. Approximately \$8,000 will be needed to complete the purchase of a LP-15 Monitor for a total approximate cost of \$26,000 (quote is attached).

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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.

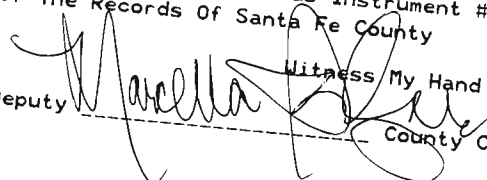
Approved, Adopted, and Passed This 30th Day of November, 2010.

Santa Fe Board of County Commissioners

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

ATTEST:

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

COUNTY 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 09:16:28 AM  
And Was Duly Recorded as Instrument # 1618515  
Of The Records Of Santa Fe County  
Witness My Hand And Seal Of Office  
Deputy  Valerie Espinoza  
County Clerk, Santa Fe, NM

