

1691771

SANTA FE COUNTY

RESOLUTION 1999- 126

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, 1999, did request the following budget adjustment:

Department / Division: Fire Department / EMS Districts Fund Name: Emergency Medical Services

Budget Adjustment Type: Increase Fiscal Year: 2000 (July 1, 1999-June 30, 2000)

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
206	0851	385	02-00	Budgeted Cash / State Funds	1,195	
206	0852	385	04-00	Budgeted Cash / Special Revenues	9,467	
206	0853	385	02-00	Budgeted Cash / State Funds	2,303	
206	0854	385	04-00	Budgeted Cash / Special Revenues	9,204	
TOTAL (if SUBTOTAL, check here X)					22,169	

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
206	0851	423	60-05	Supplies/ Non-Capital Medical & Lab	1,195	
206	0852	423	60-05	Supplies/ Non-Capital Medical & Lab	9,467	
206	0853	423	60-05	Supplies/ Non-Capital Medical & Lab	1,053	
206	0853	423	70-33	Supplies/ Non-Capital Medical & Lab	1,250	
TOTAL (if SUBTOTAL, check here X)					12,965	

Requesting Department Approval: [Signature] Title: Chief, Santa Fe County Fire Dept. Date: 9/20/99

Finance Department Approval: [Signature] Date: 9-22-99 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 9-28-99

1691772

SANTA FE COUNTY

RESOLUTION 1999 - 126

BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX / XXXX	COST CENTER CODE XXXXXX	REVENUE CODE XXXXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0855	385	02-00	Budgeted Cash / State Funds	174	
206	0856	385	02-00	Budgeted Cash / State Funds	51	
206	0857	385	02-00	Budgeted Cash / State Funds	828	
206	0858	385	02-00	Budgeted Cash / State Funds	934	
206	0859	385	02-00	Budgeted Cash / State Funds	185	
206	0860	385	02-00	Budgeted Cash / State Funds	3,012	
TOTAL (if SUBTOTAL, check here X)					27,353	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX-XXX	COST CENTER CODE XXXXXX	CATEGORY / LINE ITEM CODE XXX / XXXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0854	423	60-05	Supplies/ Non-Capital Medical & Lab	9,204	
206	0855	423	60-05	Supplies/ Non-Capital Medical & Lab	174	
206	0856	423	60-05	Supplies/ Non-Capital Medical & Lab	51	
206	0857	423	60-05	Supplies/ Non-Capital Medical & Lab	828	
206	0858	423	60-05	Supplies/ Non-Capital Medical & Lab	934	
206	0859	423	60-05	Supplies/ Non-Capital Medical & Lab	185	
206	0860	423	60-05	Supplies/ Non-Capital Medical & Lab	3,012	
206	0861	423	60-05	Capital / Equipment & Machinery	3,272	
206	0862	423	60-05	Supplies/ Non-Capital Medical & Lab	1,307	
206	0863	423	60-05	Supplies/ Non-Capital Medical & Lab	2,813	
206	0864	423	60-05	Supplies/ Non-Capital Medical & Lab	3,969	
TOTAL (if SUBTOTAL, check here)					38,714	

1691773

SANTA FE COUNTY

RESOLUTION 1999 - 126

BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DEA XXXX / XXXX	COST CENTER CODE XXXXXX	REVENUE CODE XXXXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0861	385	02-00	Budgeted Cash / State Funds	3,272	
206	0862	385	02-00	Budgeted Cash / State Funds	1,307	
206	0863	385	02-00	Budgeted Cash / State Funds	2,813	
206	0864	385	02-00	Budgeted Cash / State Funds	3,969	
TOTAL (if SUBTOTAL, check here)					38,714	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DEA XXXX-XXX	COST CENTER CODE XXXXXX	CATEGORY / LINE ITEM CODE XXX / XXXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here)						

1691774

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DEPARTMENT CONTACT:

Name: Carolyn Cooney Dept/Div: Fire Administration Phone No.: 424-2072

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.
This request increases the EMS District budgets by the FY99 available cash balances. Each EMS district was requested to prioritize needs in order to budget funds in appropriate expenditure line items.
- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
At the time that the FY00 Operating budget was being prepared, ending cash balances had not been determined.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This increase is anticipated to be non-recurring for FY00. There are no future funding impacts of this request.
- 4) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
Yes. The revenue source for these increases is cash balances from the FY99 State EMS allotments and ambulance fees.
 - a) This request is not a state special appropriation.
 - b) This request is not a state or federal grant.
 - c) This request is not the result of Commission action.
 - d) This request is to budget FY99 available cash balances, other funding sources are not applicable.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
The only district to impact the capital purchase category is the Madrid district and they will be purchasing extrication equipment for their rescue.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.
This request has no FTE impact.

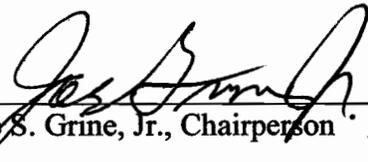
1691775

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RESOLUTION 1999 - 126

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, 1999.

Santa Fe Board of County Commissioners



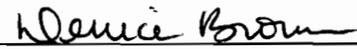
Joe S. Grine, Jr., Chairperson

ATTEST:



Rebecca Bustamante, County Clerk

Approved As To Form.

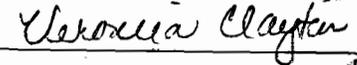
By 

Denice Brown, County Attorney



COUNTY OF SANTA FE 1999
STATE OF NEW MEXICO 1091 849
I hereby certify that this instrument was filed
for record on the 29 day of Sept A.D.
19 99 at 1:19 o'clock P M
and was duly recorded in book 1691
page 771 - 775 of the records of
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.



Deputy