

SANTA FE COUNTY

RESOLUTION 2002 - 119

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 24, 2002 request the following budget adjustment:

Department / Division: Fire Department / EMS Districts Fund Name: EMS Districts

Budget Adjustment Type: Increase Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIS/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0851	385	02-00	Budgeted Cash / State Funds	3,921	
206	0852	385	02-00	Budgeted Cash / State Funds	2,767	
206	0853	385	02-00	Budgeted Cash / State Funds	1,137	
206	0854	385	02-00	Budgeted Cash / State Funds	5,246	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					13,071	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIS/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0851	423	60-05	Supplies / Non-Capital Med & Lab	3,921	
206	0852	423	60-08	Supplies / Field Supplies	2,000	
206	0852	423	70-33	Other Operating Costs / Seminars & Workshops	767	
206	0853	423	60-02	Supplies / Safety Equipment	1,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					7,688	

Requesting Department Approval: *Stan Holden* Title: Chief, Santa Fe County Fire Dept. Date: 09/13/02

Finance Department Approval: *Peter Miller* Date: 9-18-02 Entered by: _____ Date: _____

County Manager Approval: *John Boy* Date: 9/17/02
John Boy Date: 9/18/02

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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
206	0855	385	02-00	Budgeted Cash / State Funds	918	
206	0856	385	02-00	Budgeted Cash / State Funds	2,581	
206	0857	385	02-00	Budgeted Cash / State Funds	2,151	
206	0858	385	02-00	Budgeted Cash / State Funds	6,220	
206	0859	385	02-00	Budgeted Cash / State Funds	7,558	
206	0860	385	02-00	Budgeted Cash / State Funds	7,848	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					27,276	

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	0853	423	60-05	Supplies / Non-Capital Med & Lab	137	
206	0854	423	60-05	Supplies / Non-Capital Med & Lab	5,246	
206	0855	423	60-05	Supplies / Non-Capital Med & Lab	918	
206	0856	423	60-01	Supplies / Inventory Exempt	2,581	
206	0857	423	60-05	Supplies / Non-Capital Med & Lab	2,151	
206	0858	423	60-01	Supplies / Inventory Exempt	1,000	
206	0858	423	60-05	Supplies / Non-Capital Med & Lab	5,220	
206	0859	423	60-01	Supplies / Inventory Exempt	3,000	
206	0859	423	70-33	Other Operating Costs / Seminars & Workshops	1,000	
206	0859	423	80-03	Capital Purchases / Equipment & Machinery	3,558	
206	0860	423	60-01	Supplies / Inventory Exempt	2,000	
206	0860	423	60-05	Supplies / Non-Capital Med & Lab	5,848	
206	0861	423	60-08	Supplies / Field Supplies	1,248	
206	0862	423	60-05	Supplies / Non-Capital Med & Lab	877	
206	0863	423	60-05	Supplies / Non-Capital Med & Lab	1,209	
206	0864	423	60-05	Supplies / Non-Capital Med & Lab	2,067	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					38,060	

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

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FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0861	385	02-00	Budgeted Cash / State Funds	1,248	
206	0862	385	02-00	Budgeted Cash / State Funds	877	
206	0863	385	02-00	Budgeted Cash / State Funds	1,209	
206	0864	385	02-00	Budgeted Cash / State Funds	2,067	
TOTAL (if SUBTOTAL, check here)					45,748	

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
TOTAL (if SUBTOTAL, check here)					45,748	

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DEPARTMENT CONTACT:

Name: R. Carlos Nava Dept/Div: Fire Administration Phone No.: 992-3072

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 FY02 available cash balances. Each EMS district was requested to prioritize their needs to budget funds in appropriate expenditure categories.
- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?
At the time the FY03 Operating budget was prepared, FY02 available cash balances were unknown.
- 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 FY03. The State EMS Allotment received by the districts will cover future funding impacts, if any.
- 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 FY02 available cash balance from the State EMS Allotment received by the districts.
 - a) If this is a state special appropriation, cite statute and attach a copy.
This request is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
This request is not a state or federal grant
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
This request is not the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
This request is to budget FY02 available cash balance, 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.
Turquoise Trail is planning to purchase a defibrillator.
- 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.

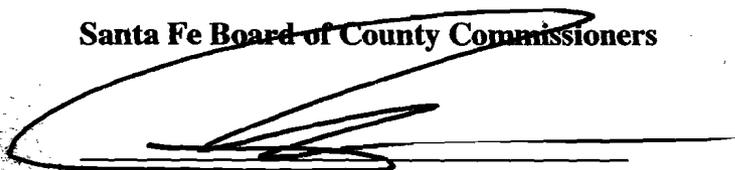
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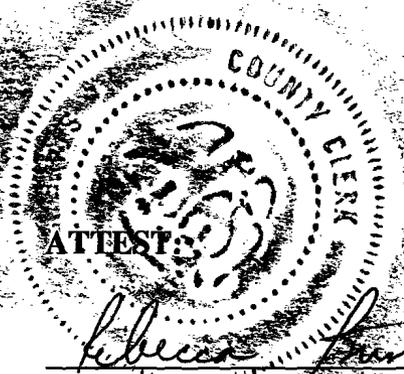
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 24th Day of September, 2002.

Santa Fe Board of County Commissioners

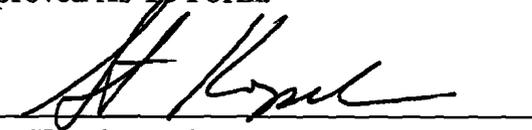

Paul Duran, Chairperson

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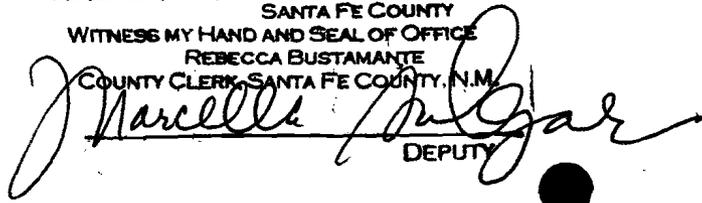



Rebecca Bustamante, County Clerk

Approved As To Form.

By 
Steve Kopelman, County Attorney



1225162
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 25 DAY OF Sept A.D.
20 02 AT 11:12 O'CLOCK 1 M
AND WAS DULY RECORDED IN BOOK 2216
PAGE 143-147 OF THE RECORDS OF
SANTA FE COUNTY
WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.

DEPUTY