

**SANTA FE COUNTY**  
**RESOLUTION 2002 - 90**

2180021

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

Whereas, the Board of County Commissioners meeting in regular session on July 30, 2002, did request the following budget adjustment:

Department / Division: Fire Department / EMS Districts Fund Name: Emergency Medical Svcs. Fund  
Budget Adjustment Type: Net Decrease Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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	371	05-00	Emergency Med Svcs (DOH)		59.00
206	0852	371	05-00	Emergency Med Svcs (DOH)	378.75	
206	0853	371	05-00	Emergency Med Svcs (DOH)	162.49	
206	0854	371	05-00	Emergency Med Svcs (DOH)	21.02	
206	0855	371	05-00	Emergency Med Svcs (DOH)	227.35	
<b>TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)</b>					<b>789.61</b>	<b>59.00</b>

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	Non-capital Med & Lab		59.00
206	0852	423	60-02	Supplies / Safety Equipment	378.75	
206	0853	423	60-02	Supplies / Safety Equipment	162.49	
206	0854	423	60-02	Supplies / Safety Equipment	21.02	
206	0855	423	60-02	Supplies / Safety Equipment	227.35	
<b>TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)</b>					<b>789.61</b>	<b>59.00</b>

Requesting Department Approval: *Stan Holder* Title: Chief, Santa Fe County Fire Dept. Date: 7/19/02  
Finance Department Approval: *Diana D. Jones* Date: 7/24/02 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

2180022

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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	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0856	371	05-00	Emergency Med Svcs (DOH)	239.44	
206	0857	371	05-00	Emergency Med Svcs (DOH)	63.39	
206	0858	371	05-00	Emergency Med Svcs (DOH)		119.74
206	0859	371	05-00	Emergency Med Svcs (DOH)		182.14
206	0860	371	05-00	Emergency Med Svcs (DOH)	455.00	
206	0862	371	05-00	Emergency Med Svcs (DOH)		2,004.58
206	0863	371	05-00	Emergency Med Svcs (DOH)		2,879.00
206	0864	371	05-00	Emergency Med Svcs (DOH)	34.02	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>1,581.46</b>	<b>5,244.46</b>

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	0856	423	60-01	Supplies / Inventory Exempt	239.44	
206	0857	423	60-02	Supplies / Safety Equipment	63.39	
206	0858	423	40-02	Maintenance / Contracts		119.74
206	0859	423	40-02	Maintenance / Contracts		182.14
206	0860	423	60-01	Supplies / Inventory Exempt	455.00	
206	0862	423	80-03	Equipment & Machinery		2,004.58
206	0863	423	60-08	Field Supplies		1,500.00
206	0863	423	60-05	Non-capital Med & Lab		179.00
206	0863	423	80-03	Equipment & Machinery		1,200.00
206	0864	423	60-05	Non-capital Med & Lab	34.02	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>1,581.46</b>	<b>5,244.46</b>

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**RESOLUTION 2002 - 90**

**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 is a net decrease to the districts in the Emergency Medical Services Fund 206. The request is necessary to reconcile the Santa Fe County budget to the approved FY 2003 EMS Fund Act Distribution.
- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?  
At the time the FY03 operating budget was being prepared, we were only able to estimate the amount of funding each district would receive. The actual distribution approved by the State of New Mexico Department of Health was not available until after the FY03 operating budget process.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?  
This decrease is anticipated to be non-recurring for FY03. There are no future funding impacts.
- 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:  
This revenue source is the annual EMS Fund Act Distribution from the State of New Mexico Department of Health
  - 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.  
All available funding sources have been identified.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  
This request does not affect the capital purchases category.
- 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.

2180023

2180024

**SANTA FE COUNTY**  
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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 30<sup>th</sup> Day of July, 2002.**

**Santa Fe Board of County Commissioners**

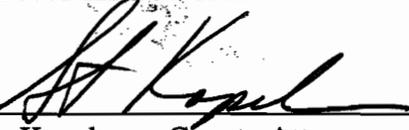


Paul Duran, Chairperson



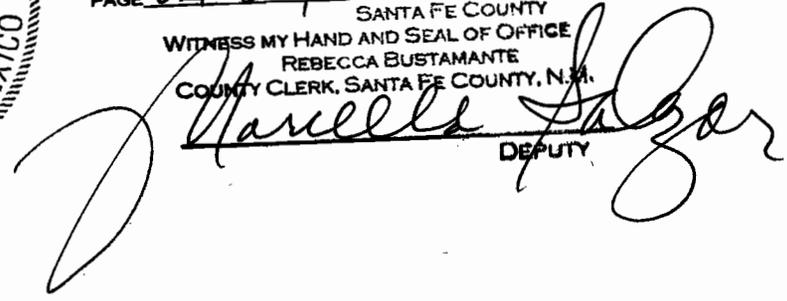
  
Rebecca Bustamante, County Clerk

**Approved As To Form.**

By   
Steve Kopelman, County Attorney



1217468  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 1 DAY OF Aug A.D.  
20 02 AT 3:38 O'CLOCK PM  
AND WAS DULY RECORDED IN BOOK 2180  
PAGE 021-024 OF THE RECORDS OF  
SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE  
REBECCA BUSTAMANTE  
COUNTY CLERK, SANTA FE COUNTY, N.M.  
  
DEPUTY