

SANTA FE COUNTY

RESOLUTION 2003 - 128

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 9, 2003 request the following budget adjustment:

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

Budget Adjustment Type: Increase Fiscal Year: 2004 (July 1, 2003 - June 30, 2004)

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	State / DOH	1	
206	0851	385	02-00	Budgeted Cash / State Funds	1,677	
206	0852	371	05-00	State / DOH		333
206	0852	385	02-00	Budgeted Cash / State Funds	2,111	
206	0853	371	05-00	State / DOH		955
206	0853	385	02-00	Budgeted Cash / State Funds	546	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					4,335	1,288

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 Med & Lab	1,678	
206	0852	423	60-05	Supplies / Non-Capital Med & Lab	1,778	
206	0853	423	60-05	Supplies / Non-Capital Med & Lab		409
206	0854	423	60-05	Supplies / Non-Capital Med & Lab	6,875	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					10,331	409

Requesting Department Approval: *Jan Holder* Title: Chief, Santa Fe County Fire Dept. Date: 08/28/03

Finance Department Approval: *Susan J. Lucas* Date: 9/2/03 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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SANTA FE COUNTY

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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	0854	371	05-00	State / DOH	345	
206	0854	385	02-00	Budgeted Cash / State Funds	6,530	
206	0855	371	05-00	State / DOH	2	
206	0855	385	02-00	Budgeted Cash / State Funds	521	
206	0856	371	05-00	State / DOH	172	
206	0856	385	02-00	Budgeted Cash / State Funds	6,957	
206	0857	371	05-00	State / DOH	18	
206	0857	385	02-00	Budgeted Cash / State Funds	1,913	
TOTAL (if SUBTOTAL, check here X)					16,458	

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	0855	423	30-03	In State Meals & Lodging	523	
206	0856	423	60-05	Supplies / Non-Capital Med & Lab	7,129	
206	0857	423	60-05	Supplies / Non-Capital Med & Lab	1,931	
206	0858	423	60-05	Supplies / Non-Capital Med & Lab	1,115	
206	0859	423	80-03	Equipment & Machinery	1,468	
206	0860	423	60-05	Supplies / Non-Capital Med & Lab	1,572	
206	0861	423	80-03	Equipment & Machinery	2,836	
206	0862	423	30-01	In State Mileage & Fares	500	
206	0862	423	30-03	In State Meals & Lodging	500	
206	0862	423	60-05	Supplies / Non-Capital Med & Lab	3,321	
206	0863	423	30-01	In State Mileage & Fares	500	
206	0863	423	30-03	In State Meals & Lodging	500	
206	0863	423	60-05	Supplies / Non-Capital Med & Lab	1,352	
206	0864	423	60-05	Supplies / Non-Capital Med & Lab	4,033	
206	0865	423	30-05	Gas & Oil	5,224	
TOTAL (if SUBTOTAL, check here)					42,835	409

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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	0858	371	05-00	State / DOH	104	
206	0858	385	02-00	Budgeted Cash / State Funds	1,011	
206	0859	371	05-00	State / DOH		138
206	0859	385	02-00	Budgeted Cash / State Funds	1,606	
206	0860	385	02-00	Budgeted Cash / State Funds	1,572	
206	0861	371	05-00	State / DOH		700
206	0861	385	02-00	Budgeted Cash / State Funds	3,536	
206	0862	371	05-00	State / DOH		597
206	0862	385	02-00	Budgeted Cash / State Funds	4,918	
206	0863	371	05-00	State / DOH	2,252	
206	0863	385	02-00	Budgeted Cash / State Funds	100	
206	0864	371	05-00	State / DOH	82	
206	0864	385	02-00	Budgeted Cash / State Funds	3,951	
206	0865	371	05-00	State / DOH	5,224	
TOTAL (if SUBTOTAL, check here)					45,149	2,723

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)						

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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 FY 2004 approved State EMS Fund Act Distribution and by FY 2003 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 2004 Operating Budget?
At the time the FY04 Operating budget was prepared, state funding amounts and FY03 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 FY04. 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 FY03 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.
FY 2004 EMS Fund Act Distribution
 - 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 outfit their rescue with power hydraulic tools, and Madrid is planning on purchasing a Lifepak-12.
- 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 9th Day of September, 2003.

Santa Fe Board of County Commissioners



Jack Sullivan, Chairman

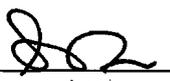


ATTEST:



Rebecca Bustamante, County Clerk

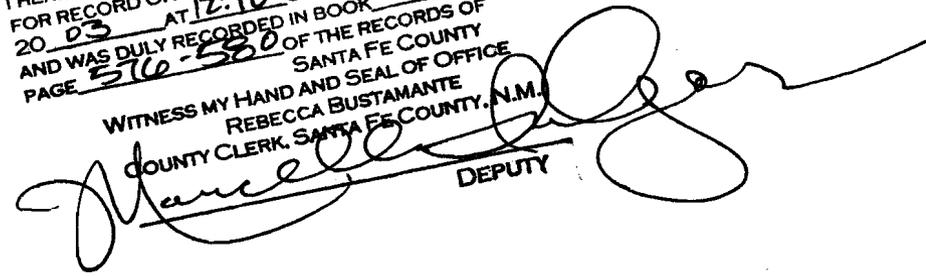
Approved As To Form.

By  9-3-03

County Attorney



1289340
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 10 DAY OF Sept A.D.
20 03 AT 12:10 O'CLOCK PM
AND WAS DULY RECORDED IN BOOK 2652
PAGE 516-580 OF THE RECORDS OF
SANTA FE COUNTY
WITNESS MY HAND AND SEAL OF OFFICE



REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.
DEPUTY