

SANTA FE COUNTY

RESOLUTION 2004 - 130

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

Whereas, the Board of County Commissioners meeting in regular session on October 26, 2004 request the following budget adjustment:

Department / Division: Fire Department / EMS Districts

Fund Name: Emergency Medical Services Fund (206)

Budget Adjustment Type: Increase / Decrease

Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

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		301
206	0851	385	02-00	Budgeted Cash / State Funds	3,705	
206	0852	371	05-00	State / DOH	161	
206	0852	385	02-00	Budgeted Cash / State Funds	1,138	
206	0853	371	05-00	State / DOH	21	
206	0853	385	02-00	Budgeted Cash / State Funds	1,206	
TOTAL (if SUBTOTAL, check here X)					6,231	301

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	3,705	301
206	0852	423	60-05	Supplies / Non-Capital Med & Lab	1,299	
206	0853	423	60-05	Supplies / Non-Capital Med & Lab	1,227	
206	0854	423	60-05	Supplies / Non-Capital Med & Lab	4,451	
TOTAL (if SUBTOTAL, check here X)					10,682	301

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

Finance Department Approval: *Susan J. Lucas* Date: 10.19.04 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2004 - 130

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	43	
206	0854	385	02-00	Budgeted Cash / State Funds	4,408	
206	0855	371	05-00	State / DOH		347
206	0855	385	02-00	Budgeted Cash / State Funds	3,255	
206	0856	371	05-00	State / DOH		2,902
206	0856	385	02-00	Budgeted Cash / State Funds	6,909	
206	0857	371	05-00	State / DOH	126	
206	0857	385	02-00	Budgeted Cash / State Funds	801	
TOTAL (if SUBTOTAL, check here X)					15,542	3,249

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	60-05	Supplies / Non-capital Med & Lab	3,255	347
206	0856	423	60-05	Supplies / Non-Capital Med & Lab	6,909	2,902
206	0857	423	60-05	Supplies / Non-Capital Med & Lab	927	
206	0858	423	60-05	Supplies / Non-Capital Med & Lab	485	
206	0859	423	60-05	Supplies / Non-Capital Med & Lab	2,602	
206	0860	423	60-05	Supplies / Non-Capital Med & Lab	2,246	
206	0861	423	60-05	Supplies / Non-Capital Med & Lab	2,791	
206	0862	423	60-05	Supplies / Non-Capital Med & Lab	2,931	
206	0862	423	80-03	Capital / Equipment & Machinery	2,600	
206	0863	423	60-05	Supplies / Non-Capital Med & Lab	2,730	2,450
206	0864	423	60-05	Supplies / Non-Capital Med & Lab	3,601	
206	0865	423	30-05	Gas & Oil		2,965
TOTAL (if SUBTOTAL, check here)					41,759	8,965

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RESOLUTION 2004 - 130

BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT / DIVISION	ACTIVITY	ELEMENT / OBJECT	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0858	371	05-00	State / DOH	48	
206	0858	385	02-00	Budgeted Cash / State Funds	437	
206	0859	371	05-00	State / DOH	19	
206	0859	385	02-00	Budgeted Cash / State Funds	2,583	
206	0860	385	02-00	Budgeted Cash / State Funds	2,246	
206	0861	385	02-00	Budgeted Cash / State Funds	2,791	
206	0862	371	05-00	State / DOH	531	
206	0862	385	02-00	Budgeted Cash / State Funds	5,000	
206	0863	371	05-00	State / DOH		2,450
206	0863	385	02-00	Budgeted Cash / State Funds	2,730	
206	0864	371	05-00	State / DOH	2	
206	0864	385	02-00	Budgeted Cash / State Funds	3,599	
206	0865	371	05-00	State / DOH		2,965
TOTAL (if SUBTOTAL, check here)					41,759	8,965

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT / DIVISION	ACTIVITY BASIC/SUB	ELEMENT / OBJECT	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here)						

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RESOLUTION 2004 - 130

DEPARTMENT CONTACT:

Name: Donna MorrisDept/Div: Fire AdministrationPhone 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 2005 approved State EMS Fund Act Distribution and by FY 2004 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 2005 Operating Budget?
At the time the FY05 Operating budget was prepared, state funding amounts and FY04 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 FY05. 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 FY04 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 2005 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 FY04 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.
This request will impact the Capital Purchases category for the Glorieta Fire District as this fire district would like to use this cash balance to purchase a Lifepak 500 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.

Resolution requesting a budget increase to the Emergency Medical Services Fund (206)

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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 26th Day of October, 2004.

Santa Fe Board of County Commissioners

[Signature]
Paul Campos, Chairman



ATTEST

[Signature]
Rebecca Bustamante, County Clerk

Approved As To Form.

for By *[Signature]*
Stephen Ross, County Attorney



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 5
I hereby certify that this instrument was filed for
Record on the 4th Day of November, A.D., 2004 at _____
and the same duly recorded as Instrument # 130717
Of the Records of Santa Fe County
Witness My Hand And Seal Of Office
[Signature] Rebecca Bustamante
Deputy County Clerk Santa Fe County, NM