

SANTA FE COUNTY

RESOLUTION 2005 - 114

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

Whereas, the Board of County Commissioners meeting in regular session on August 30, 2005, 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: 2006 (July 1, 2005 - June 30, 2006)

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		5,197
206	0851	385	02-00	Budgeted Cash / State Funds	5,700	
206	0852	371	05-00	State / DOH		123
206	0852	385	02-00	Budgeted Cash / State Funds	4,692	
206	0853	371	05-00	State / DOH		508
206	0853	385	02-00	Budgeted Cash / State Funds	3,396	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					13,788	5,828

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	503	
206	0852	423	60-05	Supplies / Non-Capital Med & Lab	4,569	
206	0853	423	60-05	Supplies / Non-Capital Med & Lab	2,888	
206	0854	423	60-05	Supplies / Non-Capital Med & Lab	3,499	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					11,459	

Requesting Department Approval: *Stan Holder* Title: Chief, Santa Fe County Fire Dept. Date: 08/16/05

Finance Department Approval: *Susan J. Lopez* Date: 8-19-05 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

SFC CLERK RECORDED 08/31/2005

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

					INCREASE AMOUNT	DECREASE AMOUNT
206	0854	371	05-00	State / DOH		4,803
206	0854	385	02-00	Budgeted Cash / State Funds	8,302	
206	0855	371	05-00	State / DOH		123
206	0855	385	02-00	Budgeted Cash / State Funds	3,718	
206	0856	371	05-00	State / DOH	800	
206	0856	385	02-00	Budgeted Cash / State Funds	674	
206	0857	371	05-00	State / DOH	74	
206	0857	385	02-00	Budgeted Cash / State Funds	2,164	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					15,732	4,926

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		123
206	0855	423	80-03	Capital / Equipment & Machinery	3,718	
206	0856	423	60-05	Supplies / Non-Capital Med & Lab	1,474	
206	0857	423	60-05	Supplies / Non-Capital Med & Lab	74	
206	0857	423	80-03	Capital / Equipment & Machinery	2,164	
206	0858	423	60-05	Supplies / Non-Capital Med & Lab	2,524	
206	0859	423	60-05	Supplies / Non-Capital Med & Lab	3,790	
206	0860	423	70-33	Other Operating Costs / Seminars & Workshops	7,099	
206	0860	423	60-05	Supplies / Non-Capital Med & Lab	30	
206	0861	423	80-03	Capital / Equipment & Machinery	2,246	
206	0861	423	60-05	Supplies / Non-Capital Med & Lab		2,957
206	0862	423	60-05	Supplies / Non-Capital Med & Lab	1,996	
206	0863	423	70-33	Other Operating Costs / Seminars & Workshops	6,025	
206	0863	423	60-05	Supplies / Non-Capital Med & Lab		1,856
206	0864	423	60-05	Supplies / Non-Capital Med & Lab	1,566	
206	0865	423	30-05	Gas & Oil		183
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					44,165	5,119

REC. CLERK
CORDED 08/31/2005

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT / DIVISION	ACTIVITY BASIC / SUB	ELEMENT / OBJECT	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0858	371	05-00	State / DOH		571
206	0858	385	02-00	Budgeted Cash / State Funds	3,095	
206	0859	371	05-00	State / DOH		13
206	0859	385	02-00	Budgeted Cash / State Funds	3,803	
206	0860	371	05-00	State / DOH	30	
206	0860	385	02-00	Budgeted Cash / State Funds	7,099	
206	0861	371	05-00	State / DOH		2,957
206	0861	385	02-00	Budgeted Cash / State Funds	2,246	
206	0862	371	05-00	State / DOH	442	
206	0862	385	02-00	Budgeted Cash / State Funds	1,554	
206	0863	371	05-00	State / DOH		1,856
206	0863	385	02-00	Budgeted Cash / State Funds	6,025	
206	0864	371	05-00	State / DOH		1,051
206	0864	385	02-00	Budgeted Cash / State Funds	2,617	
206	0865	371	05-00	State / DOH		183
TOTAL (if SUBTOTAL, check here)					56,431	17,385

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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DEPARTMENT CONTACT:

Name: Donna Morris

Dept/Div: Fire Administration

Phone No.: 992-3082

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 2006 approved State EMS Fund Act Distribution and by FY 2005 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 2006 Operating Budget?
At the time the FY06 Operating budget was prepared, state funding amounts and FY05 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 FY06. 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 FY05 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 2006 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 FY05 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 La Puebla, Madrid and Stanley Fire Districts as the Madrid and Stanley fire districts would like to use this cash balance to purchase a Lifepak 500 defibrillator and the La Puebla fire district would like to use this cash balance to purchase a capnograph.
- 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 30th Day of August, 2005.



Santa Fe Board of County Commissioners
Michael Anaya
Michael Anaya, Chairman



Valerie Espinoza
Valerie Espinoza, County Clerk

Approved As To Form.

By *Stephen Ross*
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 31ST Day Of August, A D., 2005 at 11:01
And Was Duly Recorded as Instrument # 1396078
Of The Records Of Santa Fe County
Marcella [Signature]
Deputy County Clerk, Santa Fe, NM
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM