

SANTA FE COUNTY

RESOLUTION 2006 - 89

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

Whereas, the Board of County Commissioners meeting in regular session on May 30, 2006, did request the following budget adjustment:

Department / Division: Fire / Administration Fund Name: EMS Healthcare Fund

Budget Adjustment Type: Increase to Budget 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
232	0802	341	17-00	Ambulance Revenue	3,103.67	
<b>TOTAL (if SUBTOTAL, check here )</b>					3,103.67	

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
232	0801	421	10-22	Salary & Wages/Permanent Employee	3,070.00	
232	0801	421	20-01	Employee Benefits/FICA Employers Share	19.24	
232	0801	421	20-02	Employee Benefits/FICA Medicare	4.50	
232	0801	421	20-03	Employee Benefits / PERA Retirement	5.90	
232	0801	421	20-06	Employee Benefits / Retiree Healthcare	4.03	
<b>TOTAL (if SUBTOTAL, check here )</b>					3,103.67	

Requesting Department Approval: Stan Holder Title: Chief Date: 5/08/06

Finance Department Approval: Jessica C. Moring Date: 5/17/06 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**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.

Request for an increase to the EMS Healthcare Fund 232 in the amount of \$3,103.67 to be utilized for one month of salaries and benefits for the data entry position through June 30, 2006.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?

This information was unknown during the FY-2006 operating budget process as the position was just approved at the 4/25/06 BCC meeting.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This transfer is non-recurring and has 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 request will increase the budget for ambulance revenues.

- 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 is not a state or federal grant.

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**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.):**

- 4) (Continued):
  - 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 a Commission action.
  - d) Please identify other funding sources that can be used to match this request.  

All 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 will not impact the capital purchases category of the EMS Healthcare Fund.
- 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 will be utilized to pay one month of salaries and benefits for the permanent data entry position approved by the BCC on 4/25/06.

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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 Day of May, 2006.

Santa Fe Board of County Commissioners

*[Signature]*  
Harry Montoya, Chairperson



*[Signature]*  
Valerie Espinoza, County Clerk

Approved As To Form.

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

COUNTY OF SANTA FE ) BCC RESOLUTIONS  
STATE OF NEW MEXICO ) ss PAGES: 4  
I Hereby Certify That This Instrument Was Filed for  
Record On The 31ST Day Of May, A.D., 2006 at 15:33  
And Was Duly Recorded as Instrument # 1435681  
Of The Records Of Santa Fe County  
*[Signature]*  
Deputy Witness My Hand And Seal Of Office  
Valerie Espinoza  
County Clerk, Santa Fe, NM