

SANTA FE COUNTY
RESOLUTION 2010 - 138

Page 1 of 4**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 31, 2010, did request the following budget adjustment:**Department / Division: Community Services / Espanola Health Services Fund Name: EMS – Healthcare Fund (232)Budget Adjustment Type: Budget Increase Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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	0000	385	0200	Budgeted Cash	33,000	
TOTAL (if SUBTOTAL, check here)					33,000	

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	0487	461	5003	Contractual Services / Professional Services	33,000	
TOTAL (if SUBTOTAL, check here)					33,000	

Requesting Department Approval: *Juan M. Astorga* Title: *Juan M. Astorga* Date: 8/16/10

Finance Department Approval: _____ Date: _____ Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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Page 2 of 4**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

DEPARTMENT CONTACT: Name: Carole Jaramillo Dept/Div: Manager / Finance Phone No.: 986-6321

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 to budget \$33,000 of cash carryover for the EMS-Healthcare Fund (232) for an ambulance service agreement between Santa Fe County and Espanola Hospital for ambulance services within the unincorporated areas of Santa Fe County.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount
5003	Ambulance service agreement between Santa Fe County and Espanola Hospital	\$33,000

- 2) Is the budget action for RECURRING expense X or for NON-RECURRING (one-time only) expense _____

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Page 3 of 4**ATTACH ADDITIONAL SHEETS IF NECESSARY.****DEPARTMENT CONTACT:**

Name: Carole Jaramillo Dept/Div: Manager / Finance Phone No.: 986-6321

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
 - a) If this is a state special appropriation, YES _____ NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES _____ NO X
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
 - c) Is this request is a result of Commission action? YES _____ NO X
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
 - d) Please identify other funding sources used to match this request.
There are no other funding sources to match this request.

