

SANTA FE COUNTY

RESOLUTION 2013 - 93

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 24, 2013, did request the following budget adjustment:

Department / Division: Fire Department/Various Fire Districts Fund Name: EMS Fund (206)

Budget Adjustment Type: Budget Increase Fiscal Year: 2014 (July 1, 2013 - June 30, 2014)

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	779	
206	0851	385	02-00	Budgeted Cash / State Funds	114	
206	0852	371	05-00	State / DOH	1,559	
206	0852	385	02-00	Budgeted Cash / State Funds	39	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					2,491	

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	893	
206	0852	423	60-05	Supplies/Non-Capital Med & Lab	1,598	
206	0853	423	80-17	Capital Purchases/Medical Equipment	9,246	
206	0854	423	60-05	Supplies/Non-Capital Med & Lab	1,888	
206	0855	423	80-03	Supplies/Non-Capital Med & Lab	3,760	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					17,385	

Requesting Department Approval: *[Signature]* Title: Chief Date: 9.10.13

Finance Department Approval: *[Signature]* Date: 9/10/13 Entered by: _____ Date: _____

County Manager Approval: *[Signature]* Date: 9.24.13 Updated by: _____ Date: _____

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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	0853	371	05-00	State / DOH	3,735	
206	0853	385	02-00	Budgeted Cash / State Funds	5,511	
206	0854	371	05-00	State / DOH	1,583	
206	0854	385	02-00	Budgeted Cash / State Funds	305	
206	0855	371	05-00	State / DOH	3,709	
206	0855	385	02-00	Budgeted Cash / State Funds	51	
206	0856	371	05-00	State / DOH	1,001	
206	0856	385	02-00	Budgeted Cash / State Funds	1	
206	0857	371	05-00	State / DOH	377	
206	0857	385	02-00	Budgeted Cash / State Funds	105	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					18,869	

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	0856	423	60-05	Supplies/Non-Capital Med & Lab	1,002	
206	0857	423	60-05	Supplies/Non-Capital Med & Lab	482	
206	0858	423	60-05	Supplies/Non-Capital Med & Lab	1,293	
206	0859	423	60-05	Supplies/Non-Capital Med & Lab	1,672	
206	0860	423	80-99	Capital Purchases/Inventory Exempt	3,388	
206	0861	423	60-05	Supplies/Non-Capital Med & Lab	231	
206	0862	423	60-05	Supplies/Non-Capital Med & Lab	693	
206	0863	423	60-05	Supplies/Non-Capital Med & Lab	372	
206	0864	423	60-05	Supplies/Non-Capital Med & Lab	676	
206	0865	423	35-01	Vehicle Expenses/Fuel	4,132	
206	0866	423	35-01	Vehicle Expenses/Fuel	200	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					31,526	

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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	1,182	
206	0858	385	02-00	Budgeted Cash / State Funds	111	
206	0859	371	05-00	State / DOH	1,630	
206	0859	385	02-00	Budgeted Cash / State Funds	42	
206	0860	371	05-00	State / DOH	3,285	
206	0860	385	02-00	Budgeted Cash / State Funds	103	
206	0861	371	05-00	State / DOH	141	
206	0861	385	02-00	Budgeted Cash / State Funds	90	
206	0862	371	05-00	State / DOH	639	
206	0862	385	02-00	Budgeted Cash / State Funds	54	
206	0863	371	05-00	State / DOH	200	
206	0863	385	02-00	Budgeted Cash / State Funds	172	
206	0864	371	05-00	State / DOH	278	
206	0864	385	02-00	Budgeted Cash / State Funds	398	
206	0865	371	05-00	State / DOH	4,132	
206	0866	371	05-00	State / DOH	200	
TOTAL (if SUBTOTAL, check here)					31,526	

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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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Donna Morris Dept/Div: Fire Department/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.

Requesting BCC approval for a budget increase/ to the Fire Districts EMS Fund (206) cost center to adjust the budget for the current year allocation to the actual distribution amount and to carry forward the FY 2013 available cash balances for expenditure in FY-2014 for the total amount of \$31,546. Each EMS District was requested to prioritize their needs to budget funds in the appropriate expenditure categories.

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
80-17	Stryker Stretcher	9,246
80-99	RAD - 57 CO2 Monitor	3,388

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

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RESOLUTION 2013 - 93**ATTACH ADDITIONAL SHEETS IF NECESSARY.****DEPARTMENT CONTACT:**Name: Donna Morris Dept/Div: Fire Department 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.):**

- 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 X NO _____
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.

The State EMS Fund Act.
 - 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.

Not Applicable.

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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.

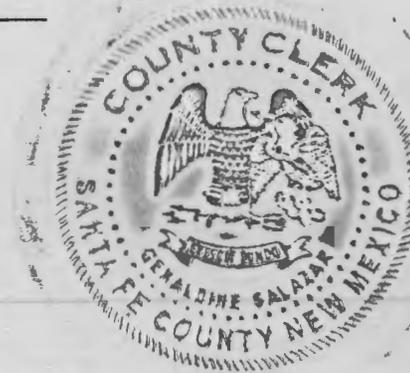
Approved, Adopted, and Passed This 24 th Day of September, 2013.

Santa Fe Board of County Commissioners

Kathy Holian
Kathy Holian, Madam Chair

ATTEST:

Geraldine Salazar
Geraldine Salazar, County Clerk
9/24/2013



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for
Record On The 25TH Day Of September, 2013 at 02:53:46 PM
And Was Duly Recorded as Instrument # 1718993
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Terika Romero Geraldine Salazar
Deputy County Clerk, Santa Fe, NM

