MEMORANDUM

To: The Board of County Commission

From: Carole H. Jaramillo

Via: Katherine Miller

Date: October 27, 2015

Subject: **Resolution No. 2015-___, A Resolution Authorizing The Donation Of Fixed Assets In Accordance With State Statute. (Finance/Carole H. Jaramillo)**

ISSUE:

On an annual basis, department staff/elected officials are required to collect information related to inoperable or obsolete property and equipment of Santa Fe County in order to determine its eligibility for surplus.

BACKGROUND:

Santa Fe County follows the State of New Mexico statutory policies to donate surplus property and equipment pursuant to NMSA 1978, Section 13-6-2 (2007).

The Santa Fe County Fire Department has submitted one (1) 1990 Ford Ambulance (VIN 1FDKE30M3LHA08030) for donation. Santa Fe County will donate this vehicle to San Miguel County's Cabo Lucero Fire Department. Upon approval, the fixed asset will be removed and re-distributed by Santa Fe County to San Miguel County.

REQUEST ACTION:

The Finance Division requests the Board's consideration and approval of the attached resolution to donate the personal property to San Miguel County.

Upon approval of the resolution by the Board of County Commissioners, a copy of the Resolution will be submitted to the State Auditor's Office. The items will be released to San Miguel County thirty days after notification to the State Auditor.

SANTA FE COUNTY

RESOLUTION NO. 2015-

A RESOLUTION AUTHORIZING THE DISPOSITION OF FIXED ASSETS IN ACCORDANCE WITH STATE STATUTE

WHEREAS, Santa Fe County (County) desires to donate certain personal property identified in Exhibit A, attached; and

WHEREAS, Exhibit A details each item of personal property by department or office, tag number, description of fixed asset, serial number, reason for surplus, condition of fixed asset, location of fixed asset, and/or estimated value; and

WHEREAS, the Board of County Commissioners (BCC) hereby determines that (i) each item of personal property on Exhibit A is worn-out, unusable, or obsolete to the extent that the item is no longer economical or safe for continued use by the County and (ii) each item on Exhibit A has an estimated current resale value of five thousand dollars ($5,000) or less.

NOW, THEREFORE, BE IT RESOLVED that the BCC (i) approves of the disposal of the personal property listed on Exhibit A, pursuant to NMSA 1978, Section 13-6-1 (2012), and (ii) directs that, to the extent feasible, the personal property shall be donated to the San Miguel County Fire Department and, if that it is not feasible, that it be disposed of as otherwise allowed by law.

PASSED, APPROVED, AND ADOPTED THIS 8th DAY OF DECEMBER, 2015.

BOARD OF COUNTY COMMISSIONERS
OF SANTA FE COUNTY

____
Robert A. Anaya, Chair

ATTEST:

____
Geraldine Salazar, County Clerk

APPROVED AS TO FORM:

____
Gregory S. Shaffer, County Attorney

EXHIBIT A

CABO LUCERO
FIRE DEPT
MINERAL HILL

21 County Road A29
Las Vegas, NM 87701
505-425-7261
TNIX_MINERALHILL@YAHOO.COM

Chief Moya I have been informed that you are removing your 1990 Ford F350 from service. I would like to see we could get this unit donated to the Cabo Lucero Fire Department located 15 miles southwest of Las Vegas, New Mexico. This unit would be great to have in our department since it is a four by four and 90% of our roads are dirt. I looked at this unit on 4/15/2015 with Dennis Patty and it will provide everything that we need. Let me know what I need to do to help make this happen. If you have any questions feel free to call me at 505-429-2053 any time or email me. Here is all the information on your NATIONAL AMBULANCE rehab unit vin # 1FDKE30M3LHA08030 plate # G-09557 mileage as of 4/15/15 was 61,790 . This unit would greatly help move our EMS program forward.

Thanks
Chief Tim Nix
4/16/2015

Memorandum

To: Santa Fe Board of County Commissioners

From: Carole Jaramillo, Finance Director

Thru: David Sperling, Fire Chief
Pablo Sedillo, Public Safety Director
Katherine Miller, County Manager

Date: November 16, 2015

Re: **Resolution No. 2015 - _____, A Resolution Requesting a Budget Decrease to the EMS Fund (206) to Adjust the Budget For the Current Year Allocation to the Actual Distribution Amount / (-$10,374). (Finance Division / Carole Jaramillo)**

ISSUE:

Requesting BCC approval for a budget decrease of $10,374 to the EMS Fund (206) to adjust the budget for the current year allocation to the actual distribution amount which was overstated in the FY-2016 original budget request.

BACKGROUND:

The Santa Fe County Fire Department is requesting to adjust the FY-2016 EMS Fund allocations to the actual distribution amount. The budget for FY-2016 was based on the prior year allocation amount but the actual distribution amount was reduced by $10,374 for FY-2016 by the State EMS Bureau / DOH.

RECOMMENDATION:

Please approve this request for a budget decrease in the amount of $10,374 to the EMS Fund (206) for various fire districts.

102 Grant Avenue · P.O. Box 276 · Santa Fe, New Mexico 87504-0276 · 505-986-6200 · FAX: 505-995-2740 www.santafecountynm.gov

SANTA COUNTY

RESOLUTION 2015 - _____

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

Whereas, the Board of County Commissioners meeting in regular session on December 8, 2015, did request the following budget adjustment:

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

Budget Adjustment Type: Budget Decrease   Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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		417
206	0852	371	05-00	State / DOH		333
206	0853	371	05-00	State / DOH		1,150
TOTAL (if SUBTOTAL, check here X)						1,900

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		417
206	0852	423	60-05	Supplies/Non-Capital Med & Lab		333
206	0853	423	80-99	Capital Purchases/Inventory Exempt		1,150
206	0854	423	60-07	Supplies/Operational Supplies		659
206	0855	423	40-02	Maintenance/Equipment		449
TOTAL (if SUBTOTAL, check here X)						3,008

Requesting Department Approval: ________ Title: Chief S. [signature] for D. [signature] Date: 11/17/15

Finance Department Approval: [signature] Date: 11/24/15   Entered by: ________ Date: ________

County Manager Approval: ________ Date: ________   Updated by: ________ Date: ________

SANTA FE COUNTY

RESOLUTION 2015 - _____

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		659
206	0855	371	05-00	State / DOH		449
206	0856	371	05-00	State / DOH		900
206	0857	371	05-00	State / DOH		248
206	0858	371	05-00	State / DOH		567
206	0859	371	05-00	State / DOH		907
206	0860	371	05-00	State / DOH		1,083
206	0861	371	05-00	State / DOH		100
206	0862	371	05-00	State / DOH		289
206	0863	371	05-00	State / DOH		200
TOTAL (if SUBTOTAL, check here X)						7,302

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		900
206	0857	423	30-03	Travel/In State		248
206	0858	423	60-05	Supplies/Non-Capital Med & Lab		567
206	0859	423	60-05	Supplies/Non-Capital Med & Lab		907
206	0860	423	60-03	Supplies/Uniform Expense		1,083
206	0861	423	60-05	Supplies/Non-Capital Med & Lab		100
206	0862	423	60-05	Supplies/Non-Capital Med & Lab		289
206	0863	423	60-07	Supplies/Operational Supplies		200
206	0864	423	60-05	Supplies/Mon-Capital Med & Lab		245
206	0865	423	35-01	Vehicle Expenses/Fuel		1,213
206	0866	423	35-01	Vehicle Expenses/Fuel		1,614
TOTAL (if SUBTOTAL, check here)						10,374

SANTA FE COUNTY

RESOLUTION 2015 - _____

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	0864	371	05-00	State / DOH		245
206	0865	371	05-00	State / DOH		1,213
206	0866	371	05-00	State / DOH		1,614
TOTAL (if SUBTOTAL, check here)						10,374

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)						

SANTA FE COUNTY

RESOLUTION 2015 - _____

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 decrease to the Fire Districts EMS Fund (206) cost center in the amount of $10,374 to adjust the budget for the current year allocation to the actual distribution amount which was overstated in the original budget request.

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

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

SANTA FE COUNTY

RESOLUTION 2015 - _____

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.

SANTA FE COUNTY

RESOLUTION 2015 - _____

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 __8 th__ Day of __December__, 2015.

Santa Fe Board of County Commissioners

____
Robert A. Anaya, Chair

ATTEST:

____
Geraldine Salazar, County Clerk

August 18, 2015

Santa Fe County
P 0 Box 276
Santa Fe, NM 87504

Dear Sir/Mam:
In accordance with the terms of Rules governing in Emergency Medical Services Fund Act, DOH 7.27.4 NMAC, a warrant in the amount of ***$121,792.00***is authorized for disbursement on behalf of the following local recipient (s) in accordance with their approved applications:

Agua Fria Fire-$8,500.00, Chimayo Fire-$5,525.00, Edgewood Fire-$9,423.00, El Dorado Fire-$7,928.00, Gallisteo Fire-$5,061.00, Glorieta Pass Fire-$7,348.00, Hondo Fire-$7,691.00, La Cienega Fire-$9,196.00, LA Puebla Fire-$8,248.00, Madrid Fire-$5,300.00, Pojoaque Fire-$7,900.00, Rocky Mountain EMS-$10,311.00, Stanley Fire-$5,168.00, Tesuque Fire-$7,873.00, Turquoise Trail-$7,500.00, Superior Ambulance-$8,820.00

These funds from the Local Funding Program of the EMS Fund Act for FY 16 (July 1, 2015 – June 30 ,2016) must be accounted for in accordance with the rules set forth by the New Mexico Department of Finance and Administration, Local Government Division and the EMS Fund Act Rules 7.27.4 NMAC.

In order to keep our records in order, we are asking that each Applicant (Fiscal Agent) submit an itemized expenditures report for FY15 EMS Fund Act Local Funding Award (July 1, 2014 – June 30, 2015). If you administer funds for more than one (1) Local recipient, please submit a report for each service.
Please submit no later than October 1, 2015. Failure to do this can affect future Fund Act Allotments.

If you have any questions, please contact me at (505) 476-8233 or by e-mail at ann.martinez1@state.nm.us

Sincerely,
Ann Martinez
Ann Martinez FF I / EMT- I
EMS Fund Act Coordinator

Xc: EMS Regional Director
Santa Fe County
Local Government Division/DFA

2016 Adjustement
Fund 206

Account	Original Budget	Allocated Fund from DOH	Adjustment	Account #
206-0851 Chimayo	$ 5,942.00	$ 5,525.00	$ (417.00)	206-0851-423-60-05
206-0852 Eldorado	$ 8,261.00	$ 7,928.00	$ (333.00)	206-0852-423-60-05
206-0853 Edgewood	$ 10,573.00	$ 9,423.00	$ (1,150.00)	206-0853-423-80-99
206-0854 Hondo	$ 8,350.00	$ 7,691.00	$ (659.00)	206-0854-423-60-05
206-0855 La Puebla	$ 8,697.00	$ 8,248.00	$ (449.00)	206-0854-423-60-05
206-0856 Pojoaque	$ 8,800.00	$ 7,900.00	$ (900.00)	206-0856-423-60-05
206-0857 Stanley	$ 5,416.00	$ 5,168.00	$ (248.00)	206-0857-423-30-03
206-0858 Tesuque	$ 8,440.00	$ 7,873.00	$ (567.00)	206-0858-423-60-05
206-0859 Turquoise Trail	$ 8,407.00	$ 7,500.00	$ (907.00)	206-0859-423-60-05
206-0860 La Cienega	$ 10,279.00	$ 9,196.00	$ (1,083.00)	206-0860-423-60-03
206-0861 Madrid	$ 5,400.00	$ 5,300.00	$ (100.00)	206-0861-423-60-05
206-0862 Glorieta	$ 7,637.00	$ 7,348.00	$ (289.00)	206-0862-423-60-05
206-0863 Agua Fria	$ 8,700.00	$ 8,500.00	$ (200.00)	206-0863-423-60-07
206-0864 Galisteo	$ 5,306.00	$ 5,061.00	$ (245.00)	206-0864-423-60-05
206-0865 Rocky Mountain	$ 11,524.00	$ 10,311.00	$ (1,213.00)	206-0865-423-35-01
206-0866 Superior Ambulance	$ 10,434.00	$ 8,820.00	$ (1,614.00)	206-0866-423-35-01
Total	$ 132,166.00	$ 121,792.00	$ (10,374.00)	