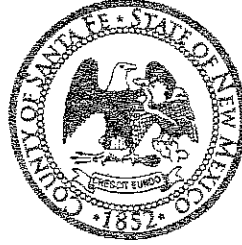


Henry P. Roybal
Commissioner, District 1

Anna Hansen
Commissioner, District 2

Robert A. Anaya
Commissioner, District 3



Anna T. Hamilton
Commissioner, District 4


Ed Moreno
Commissioner, District 5


Katherine Miller
County Manager

MEMORANDUM

Date: November 13, 2018

To: Santa Fe Board of County Commissioners

From: Stephanie Schardin Clarke, Finance Director 

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

Re: Resolution No. 2018 - _____, A Resolution Requesting a Budget Increase/Decrease to the EMS Fund (206) to Adjust the Budget For the Current Year Allocation to the Actual Distribution Amount / (+\$6,139/- \$18,182). (Finance Division / Stephanie Schardin Clarke)

ISSUE:

The Finance Division requests approval to adjust the EMS Fund (206) FY2019 Budget to reflect the increase of \$6,139 and a decrease of \$18,182 for various fire district's for the current year allocation to the actual distribution amount to adjust fire districts budgets to what was actually received from the State Department of Health.

BACKGROUND:

The Finance Division is requesting to adjust the FY2019 EMS Fund allocations to the actual distribution amount. The budget for FY19 was based on the prior year allocation amount but the actual distribution amount varied for each individual fire district based on the service report for FY2019 funding that was submitted to the EMS Bureau of the Department of Health. In previous years, Santa Fe County has acted as the fiscal agent for Rocky Mountain EMS and Superior Ambulance to receive funding through the State EMS Fund Act; however, these two entities no longer meet the statutory requirements for funding.

<i>Fire District</i>	<i>Sum of FY19 Original Budget</i>	<i>FY19 EMS Approved Amount</i>	<i>Resolution Amounts</i>
Agua Fria Fire	\$ 8,500.00	\$ 9,894.00	\$1,394
Chimayo Fire	\$ 5,426.00	\$ 5,754.00	\$328
Edgewood Fire	\$ 8,623.00	\$ 9,584.00	\$961
Eidorado Fire	\$ 7,733.00	\$ 8,181.00	\$448
Galisteo Fire	\$ 5,032.00	\$ 5,076.00	\$44
Glorieta Fire	\$ 7,270.00	\$ 7,400.00	\$130
Hondo Fire	\$ 7,673.00	\$ 8,080.00	\$407
La Cienega Fire	\$ 8,767.00	\$ 9,856.00	\$1,089
La Puebla Fire	\$ 7,835.00	\$ 8,396.00	\$561
Madrid Fire	\$ 5,172.00	\$ 5,185.00	\$13
Pojoaque	\$ 8,000.00	\$ 7,900.00	(\$100)
Rocky Mountain EMS	\$ 9,976.00	\$ -	(\$9,976)
Stanley Fire	\$ 5,104.00	\$ 5,232.00	\$128
Superior Ambulance	\$ 8,106.00	\$ -	(\$8,106)
Tesuque Fire	\$ 7,654.00	\$ 7,860.00	\$206
Turquoise Trail Fire	\$ 7,530.00	\$ 7,960.00	\$430
Grand Total	\$ 118,401.00	\$ 106,358.00	(12,043)

REQUESTED ACTION:

The Finance Division requests approval of this resolution to increase the budget in the amount of \$6,139 and decrease in the amount of \$18,182 to the EMS Fund (206) for various fire districts.

SANTA FE COUNTY

RESOLUTION 2018 - _____

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

Whereas, the Board of County Commissioners meeting in regular session on November 13, 2018, did request the following budget adjustment:

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


Budget Adjustment Type: Budget Increase/Decrease Fiscal Year: 2019 (July 1, 2018 - June 30, 2019)

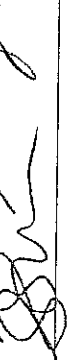
BUDGETED REVENUES: (use continuation sheet, if necessary)

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 Grants / DOH	328	
206	0852	371	05-00	State Grants / DOH	448	
206	0853	371	05-00	State Grants / DOH	961	
206	0854	371	05-00	State Grants / DOH	407	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					2,144	

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	328	
206	0852	423	60-05	Supplies / Non-Capital Med & Lab	448	
206	0853	423	80-99	Capital Purchases / Inventory Exempt	961	
206	0854	423	60-05	Supplies / Non-Capital Med & Lab	407	
206	0855	423	60-03	Supplies / Uniform Expenses	561	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					2,705	

Requesting Department Approval:  Title: Fire Chief Date: 10.24.18

Finance Department Approval:  Date: 10/25/18 Entered by: _____ Date: _____

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

SANTA FE COUNTY
RESOLUTION 2018 - _____

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	0855	371	05-00	State Grants / DOH	561	
206	0856	371	05-00	State Grants / DOH		100
206	0857	371	05-00	State Grants / DOH	128	
206	0858	371	05-00	State Grants / DOH	206	
206	0859	371	05-00	State Grants / DOH	430	
206	0860	371	05-00	State Grants / DOH	1,089	
206	0861	371	05-00	State Grants / DOH	13	
206	0862	371	05-00	State Grants / DOH	130	
206	0863	371	05-00	State Grants / DOH	1,394	
206	0864	371	05-00	State Grants / DOH	44	
206	0865	371	05-00	State Grants / DOH		9,976
206	0866	371	05-00	State Grants / DOH		8,106
TOTAL (if SUBTOTAL, check here)					6,139	18,182

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		100
206	0857	423	60-03	Supplies / Uniform Expenses	128	
206	0858	423	60-05	Supplies / Non-Capital Med & Lab	206	
206	0859	423	60-05	Supplies / Non-Capital Med & Lab	430	
206	0860	423	60-05	Supplies / Non-Capital Med & Lab	1,089	
206	0861	423	60-05	Supplies / Non-Capital Med & Lab	13	
206	0862	423	60-05	Supplies / Non-Capital Med & Lab	130	
206	0863	423	60-05	Supplies / Non-Capital Med & Lab	1,394	
206	0864	423	60-05	Supplies / Non-Capital Med & Lab	44	
206	0865	423	35-01	Vehicles / Vehicle Fuel		9,976
206	0866	423	35-01	Vehicles / Vehicle Fuel		8,106
TOTAL (if SUBTOTAL, check here)					6,139	18,182

SANTA FE COUNTY
RESOLUTION 2018 - _____

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 to increase/decrease the EMS Fund (206) FY-2019 to adjust the budget to the actual disbursement amount awarded in FY-2019 for each fire district.

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
80-99	Capital Purchases as needed for medical supplies that are inventory exempt items	961

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

SANTA FE COUNTY
RESOLUTION 2018 - _____

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 NO X
If YES, cite statute and attach a copy.

- b) Does this include state or federal funds? YES X NO 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.

EMS Fund Act

- c) Is this request a result of Commission action? YES NO 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.

N/A

SANTA FE COUNTY
RESOLUTION 2018 - _____

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 13th Day of November, 2018.

Santa Fe Board of County Commissioners

Anna Hansen, Chair

ATTEST:

Geraldine Salazar, County Clerk



SUSANA MARTINEZ, GOVERNOR



LYNN GALLAGHER, CABINET SECRETARY

August 20, 2018

Santa Fe County
P O 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 \$106,358.00 is authorized for disbursement on behalf of the following local recipient (s) in accordance with their approved applications:

Agua Fria \$9,894 Chimayo Fire \$5,754 Edgewood Fire \$9,584 El Dorado Fire \$8,181 Gallisteo Fire \$5,076 Glorieta Pass \$7,400 Hondo Fire \$8,080 La Cienega \$9,856 La Puebla \$8,396 Madrid Fire \$5,185 Pojoaque Fire \$7,900 Stanley Fire \$5,232 Tesuque Fire \$7,860 Turquoise Trail \$7,960

These funds from the Local Funding Program of the EMS Fund Act for FY 19 (July 1, 2018 – June 30, 2019) 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 FY18 EMS Fund Act Local Funding Award (July 1, 2017 – June 30, 2018). If you administer funds for more than one (1) Local recipient, please submit a report for each service.

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

EMERGENCY MEDICAL SYSTEMS (EMS) BUREAU
1301 Siler Road, Building F • Santa Fe, New Mexico • 87507
(505) 476-8200 • FAX: (505) 471-2122 www.nmems.org

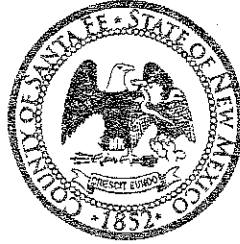




Henry P. Roybal
Commissioner, District 1

Anna Hansen
Commissioner, District 2

Robert A. Anaya
Commissioner, District 3



Anna T. Hamilton
Commissioner, District 4


Ed Moreno
Commissioner, District 5

Katherine Miller
County Manager

MEMORANDUM

Date: November 13, 2018

To: Santa Fe County Board of County Commissioners

From: Stephanie Schardin Clarke, Finance Director 

Via: Michael Kelley, Public Works Director MK 11/23/18
Katherine Miller, County Manager, Santa Fe County

Re: Resolution No. 2018-_____, A Resolution Approving a Budget Increase To Capital Outlay GRT (313) To Budget Funds for Insurance Recoveries for Floods in the amount of \$165,530.00

ISSUE

The Finance Division requests approval of this resolution to budget Fund 313 (Capital Outlay GRT) in the combined amount of \$165,530. This funding is part of an insurance recovery reimbursement that was received for damages due to flooding of Los Pinos Road Project and Santa Fe River Greenway Project.

BACKGROUND

On July 23, 2018 Santa Fe County experienced a 100 year flood, which damaged the Los Pinos Road Project and the Santa Fe River Greenway Project, a claim was submitted through our Risk Management Division and a reimbursement check was received, in the amount of \$13,712 for Los Pinos Road and \$151,818 for the Santa Fe River Greenway. The Insurance claims amounts will be expended on these two projects.

ACTION REQUIRED

The Finance Division requests approval of this Resolution to increase the funding for the Los Pinos Project & Santa Fe River Greenway Project to the Capital Outlay GRT Fund for these insurance recoveries.



SANTA FE COUNTY

RESOLUTION 2018 - _____

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

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

Department / Division: Public Works/Projects Fund Name: Capital Outlay GRT

Budget Adjustment Type: Budget Increase Fiscal Year: 2018 (July 1, 2018 - June 30, 2019)

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
313	7708	360	0200	Capital Outlay GRT/SF River Greenway/Insurance Recovery	\$151,818	
313	6167	360	0200	Capital Outlay GRT/Los Pinos Road/Insurance Recovery	\$13,712	
TOTAL (if SUBTOTAL, check here)					\$165,530	

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
313	7708	481	80-10	Capital Outlay GRT/SF River Greenway/Roadways	\$151,818	
313	6167	453	80-10	Capital Outlay GRT/Los Pinos Road/Roadways	\$13,712	
TOTAL (if SUBTOTAL, check here)					\$165,530	

Requesting Department Approval: *Michael Kelly* Title: PUBLIC WORKS Director Date: 10/23/2018

Finance Department Approval: _____ Date: 10/23/18 Entered by: _____ Date: _____

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

SANTA FE COUNTY
RESOLUTION 2018-_____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Lisa Griego Dept/Div: PW/Projects Phone No.: 995-2761

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

- 1) Due to flood damages that occurred July 23, 2018 a claim was submitted through our Risk Management for flood damages to the Santa Fe River Greenway Project and also the Los Pinos Road Project. A check in the amount of 165,530 was received 13,712 for the Santa Fe River Greenway (7708) and 151,818 for Los Pinos Road(6167)
-

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
80-10	Increase for Insurance Recoveries for Flooding to projects	\$165,530

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

SANTA R. COUNTY

RESOLUTION 2018 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Lisa Griego Dept/Div: Public Works/Projects Phone No.: 955-2761

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
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES 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.
 - c) Is this request is a result of Commission action? YES NO
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. N/A

SANTA FE COUNTY

RESOLUTION 2018 - _____

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 _____ Day of _____, 2018.

Santa Fe Board of County Commissioners

Anna Hansen, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

Santa Fe County
R E P R I N T

*** CUSTOMER RECEIPT ***

Oper: ADRVIGIL Type: CT Drawer: 1
Date: 9/14/18 30 Receipt no: 8941

Description	Quantity	Amount
313AD	313-6167 INSURANCE RECDV.	
	1.00	\$13712.00

G/L account number:

31361673600600

313AE	313-7708 INSURANCE RECDV.	
	1.00	\$151818.00

G/L account number:

31377083600200

INSURANCE RECOVERY LOS PINOS
AND SF RIVER
313AD, 313AE CK\$165,530.00

Tender detail

CK CHECK	18697	\$165530.00
Total tendered		\$165530.00
Total payment		\$165530.00

Trans date: 9/13/18 Time: 14:52:57



