Memorandum

To: Santa Fe Board of County Commissioners

From: Don Moya, Finance Director

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

Date: April 11, 2017

Re: **Resolution No. 2017 - _____, A Resolution Requesting a Budget Increase to the EMS Fund (206) to Carry Forward the Agua Fria Fire District FY-2016 Available Cash for the County Fire Department / $2,932 (Finance Division / Don Moya)**

ISSUE:

Requesting BCC approval to budget $2,932 from the Agua Fria Fire District FY-2016 available cash balance to be expended on medical equipment. The carry forward of this prior year available cash is approved by the State EMS Bureau.

BACKGROUND:

The Santa Fe County Fire Department is requesting BCC approval to budget the FY-2016 available cash balance for the Agua Fria Fire District EMS Fund distribution in the amount of $2,932 to be expended in FY-2017 on a Lifepak 1000 heart monitor and defibrillator. The Fire Department has received approval from the State EMS Bureau to utilize this funding in FY-2017.

RECOMMENDATION:

Please approve this request for a budget increase to the EMS Fund (206) for the Agua Fria Fire District in the amount of $2,932 to be expended in FY-2017.

SANTA FE COUNTY

RESOLUTION 2017 - _____

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 2, 2017, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire EMS Fund (206)

Budget Adjustment Type: Budget Increase Fiscal Year: 2017 (July 1, 2016 - June 30, 2017)

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	0863	385	02-00	Budgeted Cash / State Funds	2,932	
TOTAL (if SUBTOTAL, check here ____)					2,932	

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	0863	423	80-99	Capital Purchases / Inventory Exempt	2,932	
TOTAL (if SUBTOTAL, check here ____)					2,932	

Requesting Department Approval: _____ **Title:** Chief **Date:** 4-11-17

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

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

SANTA FE COUNTY

RESOLUTION 2017 - _____

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 Agua Fria Fire District's EMS Fund (206) to carry forward available cash from FY-2016 to be expended in FY-2017 for the purchase of a Lifepak 1000. The State EMS Bureau has approved the cash carry forward and the approval letter is attached.

  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	Lifepak 1000	2,932

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

SANTA FE COUNTY

RESOLUTION 2017 - _____

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
  - 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 award letter and proposed budget. **State DOH EMS Fund Distribution – Carry over approval letter attached.**

    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. *N/A*

SANTA FE COUNTY

RESOLUTION 2017 - _____

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 2nd Day of May, 2017.

Santa Fe Board of County Commissioners

_____
Henry Roybal, Chair

ATTEST:

_____
Geraldine Salazar, County Clerk

SUSANA MARTINEZ, GOVERNOR

NEW MEXICO DEPARTMENT OF HEALTH

LYNN GALLAGHER, SECRETARY DESIGNATE

December 6, 2016

To: Santa Fe County – Agua Fria EMS

Fr: Ann Martinez, EMS Fund Act Coordinator

Re: EMS Fund Act FY16-17 - Carry Over

We have completed the evaluation of the carry-over requests. We regret the time this process took, and appreciate your patience.

The requests were evaluated based on the information sent to the EMS Bureau, by the Fiscal Agent and the service.

After reviewing your request to carry over **$3,001.00**, you have been approved to carry over an amount of **$2,932.52** of FY16 (July 1, 2015 - June 30, 2016) EMS Fund Act Monies into FY 17 (July 1, 2016 - June 30, 2017).

Unfortunately, there was not documentation to support the approval of the full requested carry-over from the service. The Purchase order was for the amount above and no other requests were made.

The remaining amount of $68.48 from *Santa Fe County – Agua Fria EMS* must be returned. Please remit this amount within 30 days from receipt of this notice to:

EMS Bureau
Attention Ann Martinez
1301 Siler Rd. Bldg. F
Santa Fe, New Mexico 87507

Please make the check payable to the NMDOH, and make the note "EMS Fund" in the comment line.

If you have any questions, please contact me at 505.476.8233, or via email at Ann.Martinez1@State.NM.US.

Respectfully,
Ann Martinez
Ann Martinez, FF-I / EMT-I
Fund Act Coordinator
EMS Bureau, DOH/ERD

xc: Kyle Thornton, EMS Bureau Chief
Santa Fe County Administration
Jerome Haskie, Region I
DFA

SUSANA MARTINEZ, GOVERNOR

NEW MEXICO DEPARTMENT OF HEALTH

RETTA WARD, CABINET SECRETARY

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

ACCOUNT NUMBER	ACCOUNT DESCRIPTION	ORIGINAL BUDGET	BAR'S	ADJUSTED BUDGET	EXPENDED	ENCUMB. BALANCES	AVAIL. BUDGET BALANCE	% REM.
AGUA FRIA EMS								
	MAINTENANCE							
206-0863-423.40-02	EQUIPMENT	2873	500-	2,373	2,373	0	0	0
*	MAINTENANCE	2873	500-	2,373	2,373	0	0	0
	SUPPLIES							
206-0863-423.60-05	NON-CAPITAL MED & LAB	0	2647	2,647	973	1,673	1	0
206-0863-423.60-07	OPERATIONAL SUPPLIES	2287	2287-	0	0	0	0	0
*	SUPPLIES	2287	360	2,647	973	1,673	1	0
	OTHER OPERATING COSTS							
206-0863-423.70-33	SEMINARS & WORKSHOPS	480	0	480	345	135	0	0
206-0863-423.70-39	SUBSCRIPTIONS & DUES	60	60-	0	0	0	0	0
*	OTHER OPERATING COSTS	540	60-	480	345	135	0	0
	CAPITAL PURCHASES							
206-0863-423.80-99	CAPITAL PKG - INV EXEMPT	3000	0	3,000	0	0	3,000	100
*	CAPITAL PURCHASES	3000	0	3,000	0	0	3,000	100
**	AGUA FRIA EMS	8700	200-	8,500	3,691	1,808	3,001	35
***	FIRE DEPARTMENT	8700	200-	8,500	3,691	1,808	3,001	35
****	EMERGENCY MED SVCS FUND	8700	200-	8,500	3,691	1,808	3,001	35
		8700	200-	8,500	3,691	1,808	3,001	35

Physio-Control, Inc.
11811 Willows Road NE
P.O. Box 97006
Redmond, WA 98073-9706 U.S.A.
www.physio-control.com
tel 800.442.1142
Sales Order fax 800.732.0988
Service Plan fax 800.772.8840

To

AGUA FRIA FIRE & RESCUE
Attn: Milton Moomaw, Chief
36 CAMINO JUSTICIA
SANTA FE, NM 87508
(505) 471-8478
[redacted]

Quote Number	00072269
Revision #	1
Created Date	9/2/2017
Sales Consultant	Nicole Kroner (508) 717-2161
FOB	Redmond, WA
Terms	All quotes subject to credit approval and the following terms and conditions
NET Terms	NET 30
Expiration Date	9/1/2017

Product	Product Description	Quantity	List Price	Unit Discount	Unit Sales Price	Total Price
99425-000025	LIFEPAK 1000 (Kit #5) ECG Display, Standard Setup w/carry case, battery & electrodes Included at No Charge: 41425-000064-ShipKit 11425-000012-Strap for Carrying Case 11141-000156-Battery 11996-000017-QUIK-COMBO REDI-PAK electrodes (2 pair per unit) 11111-000016-3 Wire Monitoring Cable 11425-000001-Accessory Pouch 11100-000001-LIFEPATCH ECG ELECTRODES (3 per package) 20600-003457-Operating Instructions	1.00	3,355.00	-536.80	2,818.20	2,818.20

Subtotal	USD 2,818.20
Estimated Tax	USD 0.00
Estimated Shipping & Handling	USD [illegible]
Grand Total	USD 2,[illegible]

Pricing Summary Totals

List Price Total	USD 3,[illegible]
Total Contract Discounts Amount	USD 0.00
Total Discount	USD -[illegible]
Trade In Discounts	USD 0.00
Tax + S&H	USD [illegible]

GRAND TOTAL FOR THIS QUOTE

USD 2,883.20

PHYSIO-CONTROL, INC. REQUIRES WRITTEN VERIFICATION OF THIS ORDER. A PURCHASE ORDER IS REQUIRED ON ALL ORDERS $5,000 OR GREATER BEFORE APPLICABLE FREIGHT AND TAXES. THE UNDERSIGNED IS AUTHORIZED TO ACCEPT THIS ORDER IN ACCORDANCE WITH THE TERMS AND PRICES DENOTED HEREIN.

____
CUSTOMER APPROVAL (AUTHORIZED SIGNATURE)

____
NAME

____
TITLE

____
DATE

Reference Number PT/10180707/115699

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Physio-Control, Inc. ("Physio") accepts Buyer's order expressly conditioned on Buyer's assent to the terms set forth in this document. Buyer's order and acceptance of any portion of the goods, services or subscriptions shall confirm Buyer's acceptance of these terms. Unless specified otherwise herein, these terms constitute the complete agreement between the parties. Amendments to this document shall be in writing and no prior or subsequent acceptance by Seller of any purchase order, acknowledgment, or other document from Buyer specifying different and/or additional terms shall be effective unless signed by both parties.
Pricing. Prices do not include freight, insurance, freight forwarding fees, taxes, duties, import or export permit fees, or any other similar charge of any kind applicable to the goods and services. Sales or use taxes on domestic (USA) deliveries will be invoiced in addition to the price of the goods and services unless Physio receives a copy of a valid exemption certificate prior to delivery. Discounts may not be combined with other special terms, discounts, and/or promotions.
Payment. Payment for goods and services shall be subject to approval of credit by Physio. Unless otherwise specified by Physio in writing, the entire payment of an invoice is due thirty (30) days after the invoice date for deliveries in the USA, and sight draft or acceptable confirmed, irrevocable letter of credit is required for sales outside the USA.
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Patent Indemnity. Physio shall indemnify Buyer and hold it harmless from and against all demands, claims, damages, losses, and expenses arising out of or resulting from any action by a third party against Buyer that is based on any claim that the services infringe a United States patent, copyright, or trademark, or violate a trade secret or any other proprietary right of any person or entity. Physio's indemnification obligations hereunder will be subject to (i) receiving prompt written notice of the existence of any claim; (ii) being able to, at its option, control the defense and settlement of such claim (provided that, without obtaining the prior written consent of Buyer, Physio will enter into no settlement involving the admission of wrongdoing); and (iii) receiving full cooperation of Buyer in the defense of any claim.
Limitation of Interest. Through the purchase of Physio products, services, or subscriptions, Buyer does not acquire any interest in any tooling, drawings, design information, computer programming, patents or copyrighted or confidential information related to said products or services, and Buyer expressly agrees not to reverse engineer or decompile such products or related software and information.
Delays. Physio will not be liable for any loss or damage of any kind due to its failure to perform or delays in its performance resulting from an event beyond its reasonable control, including but not limited to, acts of God, labor disputes, the requirements of any governmental authority, war, civil unrest, terrorist acts, delays in manufacture, obtaining any required license or permit, and Physio's inability to obtain goods from its usual sources.
Limited Warranty. Physio warrants its products and services in accordance with the terms of the limited warranties located at [illegible]. The remedies provided under such warranties shall be Buyer's sole and exclusive remedies. Physio makes no other warranties, express or implied, including, without limitation, NO WARRANTY OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND IN NO EVENT SHALL PHYSIO BE LIABLE FOR INCIDENTAL, CONSEQUENTIAL, SPECIAL OR OTHER DAMAGES.
Compliance with Confidentiality Laws. Both parties acknowledge their respective obligations to maintain the security and confidentiality of individually identifiable health information and agree to comply with applicable federal and state health information confidentiality laws.
Compliance with Law. The parties agree to comply with any and all laws, rules, regulations, licensing requirements or standards that are now or hereafter promulgated by any local, state, and federal governmental authority/agency or accrediting/administrative body that governs or applies to their respective duties and obligations hereunder.
Regulatory Requirement for Access to Information. In the event 42 USC § 1395x(v)(1)(I) is applicable, Physio shall make available to the Secretary of the United States Department of Health and Human Services, the Comptroller General of the United States General Accounting Office, or any of their duly authorized representatives, a copy of these terms, such books, documents and records as are necessary to certify the nature and extent of the costs of the products and services provided by Physio.
No Debarment. Physio represents and warrants that it and its directors, officers, and employees (i) are not excluded, debarred, or otherwise ineligible to participate in the Federal health care programs as defined in 42 USC § 1320a-7b(f); (ii) have not been convicted of a criminal offense related to the provision of healthcare items or services; and (iii) are not under investigation which may result in Physio being excluded from participation in such programs.
Choice of Law. The rights and obligations of Physio and Buyer related to the purchase and sale of products and services described in this document shall be governed by the laws of the state where Buyer is located. All costs and expenses incurred by the prevailing party related to enforcement of its rights under this document, including reasonable attorney's fees, shall be reimbursed by the other party.

Additional Terms for Purchase and Sale of Products.
In addition to the General Terms above, the following terms apply to all purchases of products from Physio.
Delivery. Unless otherwise specified by Physio in writing, delivery shall be FOB Physio point of shipment and risk and title of loss shall pass to Buyer at that point. Partial deliveries may be made and partial invoices shall be permitted and shall become due in accordance with the payment terms. In the absence of shipping instructions from Buyer, Physio will select transportation at Buyer's expense and, at Buyer's account. Delivery dates are approximate. Freight is prepaid and added to Buyer's invoice. Products are subject to availability.
Inspections and Returns. Within 30 days of receipt of a shipment, Buyer shall notify Physio of any claims for product damage or nonconformity. Physio, at its sole option and discretion, may repair or replace a product or bring it into conformity. Return of any product shall be governed by the Returned Product Policy located at [illegible]. Physio will invoice and Buyer will pay for immediate correction of nonconformities.
No Resale. Buyer agrees the products purchased hereunder will not be resold to third parties and will not be reexported to any destination in contravention of the laws of the United States of America.

To: Board of County Commissioners

Fr: Don Moya, Finance Division Director

CC: Undersheriff Ron Madrid

Date: April 11, 2017

Re: Resolution No. 2017 - _____, A Resolution Requesting a Budget Increase to the Law Enforcement Operations Fund (246) to Budget a Vehicle Purchase From an Insurance Recovery / $14,086 (Finance Division/Don Moya)

Issue:
The Santa Fe Sheriff's Office is requesting a budget increase to budget an insurance recovery payment to purchase a new vehicle.

Background:
A Sheriff's Office unit was involved in an accident and the insurance paid the county $14,085.75 for the vehicle. We would like to use these funds towards the purchase of a new vehicle.

Action Requested:
The Sheriff's Office requests approval to increase the Law Enforcement Operation Fund (246) for a vehicle purchase from an insurance recovery.

SANTA FE COUNTY

RESOLUTION 2017- _____

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 2, 2017**, did request the following budget adjustment**

Department / Division: Sheriff's Office

Fund Name: LEOF: 246-1201

Budget Adjustment Type: **Increase**

Fiscal Year 2017 (July 1, 2016 - June 30, 2017)

BUDGETED REVENUE: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
246	1201	360	0200	LEOF: INSURANCE RECOVERIES	$ 14,086	
TOTAL (IF SUBTOTAL, check here) →					**$ 14,086**	$ -

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
246	1201	424	8009	CAPITAL: VEHICLES	$ 14,086	
TOTAL (IF SUBTOTAL, check here) →					**$ 14,086**	$ -

Requested by: _____ Date: 4-12-17 Title: Under Sheriff

Finance Department Approval: Don Moya Date: 4-14-17 Entered by: _____ Date: _____

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

SANTA FE COUNTY

RESOLUTION 2017-_____

ATTACH ADDITIONAL SHEETS IF NECESSARY

DEPARTMENT CONTACT:

Name: Undersheriff Ron Madrid **Dept/Div:** Sheriff's Office **Phone No:** 505-986-2457

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

Sheriff's Office is requesting usage of insurance funds received from one of the patrol vehicles that was involved in accident. The insurance check is in the amount of $14,085.75 and we would like to use these funds towards the purchase of a vehicle.

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
8009	VEHICLE	$14,086

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

ATTACH ADDITIONAL SHEETS IF NECESSARY

DEPARTMENT CONTACT:

Name: Undersheriff Ron Madrid **Dept/Div:** Sheriff's Office / DWI **Phone No:** 505-986-2457

3) Does this request impact a revenue source? If YES, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following

a. If this is a state special appropriation, Yes X No _____

The insurance check was deposited in the Sheriff's Office Cash General Fund account: 246-1201-360.02-00 and the deductible is from the insurance and deductibles line item.

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 an award letter and proposed budget.

c. Is this request 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.

SANTA FE COUNTY

RESOLUTION 2017- _____

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 _____, 2017.

Santa Fe Board of County Commissioners

_____
Henry P. Roybal, Chairperson

ATTEST:

_____
Geraldine Salazar, County Clerk