SANTA FE COUNTY

RESOLUTION 1999- 83

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

Whereas, the Board of County Commissioners meeting in regular session on July 27, 1999, did request the following budget adjustment:

Department / Division: Fire Department Fund Name: EMS Districts

Budget Adjustment Type: Decrease Fiscal Year: 2000 (July 1, 1999-June 30, 2000)

1668203

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 / Emergency Med Svcs (DOH)	435	
206	0852	371	05-00	State Grants / Emergency Med Svcs (DOH)	3	
206	0853	371	05-00	State Grants / Emergency Med Svcs (DOH)		1,380
206	0854	371	05-00	State Grants / Emergency Med Svcs (DOH)		516
TOTAL (if SUBTOTAL, check here X)					438	1,896

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 Medical & Lab	435	
206	0852	423	60-02	Supplies / Safety Equipment	3	
206	0853	423	60-07	Supplies / Office		62
206	0853	423	80-03	Capital / Equipment & Machinery		1,318
TOTAL (if SUBTOTAL, check here X)					438	1,380

Requesting Department Approval: _____ **Title:** Asst. Chief, Santa Fe County Fire Dept. **Date:** 7/19/99

Finance Department Approval: Katherine B Miller **Date:** 7-18-99 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** 7-22-99

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX / XXXX	COST CENTER CODE XXXXXX	REVENUE CODE XXXXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0855	371	05-00	State Grants / Emergency Med Svcs (DOH)	2,013	
206	0856	371	05-00	State Grants / Emergency Med Svcs (DOH)		816
206	0857	371	05-00	State Grants / Emergency Med Svcs (DOH)		88
206	0858	371	05-00	State Grants / Emergency Med Svcs (DOH)		120
206	0859	371	05-00	State Grants / Emergency Med Svcs (DOH)		478
206	0860	371	05-00	State Grants / Emergency Med Svcs (DOH)	864	
TOTAL (if SUBTOTAL, check here X)					3,315	3,398

1668204

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX-XXX	COST CENTER CODE XXXXXX	CATEGORY / LINE ITEM CODE XXX / XXXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0854	423	80-03	Capital / Equipment & Machinery		516
206	0855	423	60-05	Supplies / Non-Capital Medical & Lab	2,013	
206	0856	423	30-05	Travel / Gas & Oil		200
206	0856	423	60-05	Supplies / Non-Capital Medical & Lab		616
206	0857	423	80-03	Capital / Equipment & Machinery		88
206	0858	423	60-08	Supplies / Field Supplies		120
206	0859	423	30-05	Travel / Gas & Oil		278
206	0859	423	40-04	Maintenance / Vehicle		200
206	0860	423	60-05	Supplies / Non-Capital Medical & Lab	714	
206	0860	423	70-33	Operating Costs / Seminars & Workshops	150	
206	0861	423	60-08	Supplies / Field Supplies		700
206	0862	423	80-03	Capital / Equipment & Machinery		1,762
206	0863	423	60-08	Supplies / Field Supplies	1,555	
206	0864	423	60-01	Supplies / Inventory Exempt		250
206	0864	423	60-05	Supplies / Non-Capital Medical & Lab		533
TOTAL (if SUBTOTAL, check here X)					4,870	6,643

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

1668205

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX / XXXX	COST CENTER CODE XXXXXX	REVENUE CODE XXXXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0861	371	05-00	State Grants / Emergency Med Svcs (DOH)		700
206	0862	371	05-00	State Grants / Emergency Med Svcs (DOH)		1,762
206	0863	371	05-00	State Grants / Emergency Med Svcs (DOH)	1,555	
206	0864	371	05-00	State Grants / Emergency Med Svcs (DOH)		2,069
206	0865	371	05-00	State Grants / Emergency Med Svcs (DOH)		2,292
TOTAL (if SUBTOTAL, check here ____)					4,870	10,221

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPT. CODE COUNTY / DFA XXXX-XXX	COST CENTER CODE XXXXXX	CATEGORY / LINE ITEM CODE XXX / XXXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0864	423	60-08	Supplies / Field Supplies		250
206	0864	423	80-03	Capital / Equipment & Machinery		1,036
206	0865	423	30-05	Travel / Gas & Oil		2,292
TOTAL (if SUBTOTAL, check here ____)					4,870	10,221

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DEPARTMENT CONTACT:

Name: Carolin Cooney **Dept/Div:** Fire Administration **Phone No.:** 424-2072

1668206

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 adjust the State EMS allotments and corresponding expenditures to actual Fiscal Year 2000 allotments received. The net adjustment is a decrease of 5,351 to the EMS District Fund.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
  At the time the Fiscal Year 2000 Operating budget was being prepared the approved amount of the State EMS Allotments was unknown.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
  This adjustment is non-recurring and there are no future funding umpacts.

- 4) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
  Yes, State Emergency Medical Services Allotment (DOH)
  - a) If this is a state special appropriation, cite statute and attach a copy.
    This request is not a state special appropriation.
  - b) If this is a state or federal grant, cite grant name, number, award date and amount.
    State Emergency Medical Services Fund Act (DOH 7 NMAC 27.4) FY00 $93,406.
  - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
    This request is not the result of Commission action.
  - d) Please identify other funding sources that can be used to match this request.
    N/A – This request is to reduce funding amounts.

- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
  The only impact to the Capital Purchase category is to decrease it.

- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.
  This request has no FTE impact for the department.

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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.

1668207

Approved, Adopted, and Passed This 27th Day of July, 1999.

Santa Fe Board of County Commissioners

Paul Duran, Chairperson

ATTEST:

Rebecca Bustamante, County Clerk

Approved As To Form.

By Denice Brown
Denice Brown, County Attorney

1083 870

COUNTY OF SANTA FE)SS
STATE OF NEW MEXICO)

I hereby certify that this instrument was filed for record on the 28 day of July A.D. 19 99, at 9:10 o'clock A m and was duly recorded in book 1668 page 203-207 of the records of Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.

Marcella Salazar
Deputy