

**SANTA FE COUNTY**  
**RESOLUTION 2001 - 145**

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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 25, 2001 did request the following budget adjustment:

Department / Division: Fire Department / EMS Districts Fund Name: EMS Districts

Budget Adjustment Type: Increase Fiscal Year: 2002 (July 1, 2001 - June 30, 2002)

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)		7
206	0852	371	05-00	State Grants / Emergency Med Svcs (DOH)		7
206	0853	371	05-00	State Grants / Emergency Med Svcs (DOH)		23
206	0854	371	05-00	State Grants / Emergency Med Svcs (DOH)		11
TOTAL (if SUBTOTAL, check here <u>X</u> )					0	48

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		7
206	0852	423	60-05	Supplies / Non-Capital Medical & Lab		7
206	0853	423	60-05	Supplies / Non-Capital Medical & Lab		23
206	0854	423	60-05	Supplies / Non-Capital Medical & Lab		11
TOTAL (if SUBTOTAL, check here <u>X</u> )					0	48

Requesting Department Approval: Stan Holden Title: Chief, Santa Fe County Fire Dept. Date: 9/5/01

Finance Department Approval: Katherine Miller Date: 9-19-01 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 9-25-01

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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	0855	371	05-00	State Grants / Emergency Med Svcs (DOH)		2
206	0856	371	05-00	State Grants / Emergency Med Svcs (DOH)		14
206	0857	371	05-00	State Grants / Emergency Med Svcs (DOH)		1
206	0858	371	05-00	State Grants / Emergency Med Svcs (DOH)	1,990	
206	0859	371	05-00	State Grants / Emergency Med Svcs (DOH)		10
206	0860	371	05-00	State Grants / Emergency Med Svcs (DOH)		13
<b>TOTAL (if SUBTOTAL, check here <u>X</u>)</b>					<b>1,990</b>	<b>88</b>

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	0855	423	60-05	Supplies / Non-Capital Medical & Lab		2
206	0856	423	60-05	Supplies / Non-Capital Medical & Lab		14
206	0857	423	60-05	Supplies / Non-Capital Medical & Lab		1
206	0858	423	60-05	Supplies / Non-Capital Medical & Lab	1,990	
206	0859	423	60-05	Supplies / Non-Capital Medical & Lab		10
206	0860	423	60-05	Supplies / Non-Capital Medical & Lab		13
206	0862	423	60-05	Supplies / Non-Capital Medical & Lab		3
206	0863	423	60-05	Supplies / Non-Capital Medical & Lab		18
206	0864	423	60-05	Supplies / Non-Capital Medical & Lab		1
206	0865	423	30-05	Travel / Gas & Oil		51
<b>TOTAL (if SUBTOTAL, check here <u>X</u>)</b>					<b>1,990</b>	<b>161</b>

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**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	0862	371	05-00	State Grants / Emergency Med Svcs (DOH)		3
206	0863	371	05-00	State Grants / Emergency Med Svcs (DOH)		18
206	0864	371	05-00	State Grants / Emergency Med Svcs (DOH)		1
206	0865	371	05-00	State Grants / Emergency Med Svcs (DOH)		51
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>1,990</b>	<b>161</b>

**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 )					1,990	161

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**DEPARTMENT CONTACT:**

Name: Carolyn Cooney Dept/Div: Fire Administration Phone No.: 992-3072

**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 2002 allotments received. The net adjustment is an increase of \$1,829 to the EMS District Fund.
- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?  
At the time the FY02 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 impacts.
- 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:  
The revenue source for this request is the 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) FY02 - \$117,849
  - 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 increase funding amounts.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  
This request does not impact the Capital Purchase category.
- 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 on the department.

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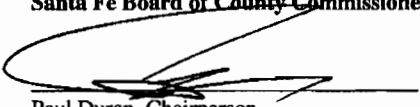
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

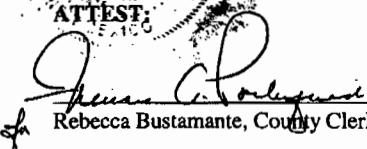
Approved, Adopted, and Passed This 25<sup>th</sup> Day of September, 2001.

Santa Fe Board of County Commissioners

  
Paul Duran, Chairperson

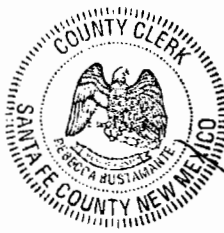
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Rebecca Bustamante, County Clerk

Approved As To Form.

By   
Steve Kopelman, County Attorney



1174 179  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO } 85  
I hereby certify that this instrument was filed  
for record on the 28 day of Sept. 2001  
at 8:39 AM.  
And was duly recorded in Book 1982  
page 184-188

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

  
Deputy