

SANTA FE COUNTY

RESOLUTION 2001 - 171

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

Whereas, the Board of County Commissioners meeting in regular session on October 30, 2001 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	385	02-00	Budgeted Cash / State Funds	3,947	
206	0852	385	02-00	Budgeted Cash / State Funds	1,317	
206	0853	385	02-00	Budgeted Cash / State Funds	5,576	
206	0854	385	02-00	Budgeted Cash / State Funds	3,810	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					14,650	

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	3,947	
206	0852	423	60-08	Supplies / Field Supplies	717	
206	0852	423	70-33	Other Operating Costs / Seminars & Workshops	600	
206	0853	423	40-04	Maintenance / Vehicle	1,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					6,264	

Requesting Department Approval: *Stan Holden* Title: Chief, Santa Fe County Fire Dept. Date: 10/19/01

Finance Department Approval: *Katherine Miller* Date: 10/23/01 Entered by: _____ Date: _____

County Manager Approval: *[Signature]* Date: 10-30-01

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

206	0855	385	02-00	Budgeted Cash / State Funds	135	
206	0856	385	02-00	Budgeted Cash / State Funds	1,085	
206	0857	385	02-00	Budgeted Cash / State Funds	1,220	
206	0858	385	02-00	Budgeted Cash / State Funds	5,336	
206	0859	385	02-00	Budgeted Cash / State Funds	3,074	
206	0860	385	02-00	Budgeted Cash / State Funds	2,498	
TOTAL (if SUBTOTAL, check here X)					27,998	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT / DIVISION XXXX	ACTIVITY BASIS/SUB XXX	ELEMENT / OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0853	423	60-05	Supplies / Non-Capital Med & Lab	4,576	
206	0854	423	60-05	Supplies / Non-Capital Med & Lab	3,810	
206	0855	423	60-05	Supplies / Non-Capital Med & Lab	135	
206	0856	423	60-01	Supplies / Inventory Exempt	1,085	
206	0857	423	60-05	Supplies / Non-Capital Med & Lab	1,220	
206	0858	423	80-03	Capital Purchases / Equipment & Machinery	5,336	
206	0859	423	80-03	Capital Purchases / Equipment & Machinery	3,074	
206	0860	423	60-01	Supplies / Inventory Exempt	1,000	
206	0860	423	60-03	Supplies / Uniform	1,000	
206	0860	423	70-33	Other Operating Costs / Seminars & Workshops	498	
206	0861	423	70-33	Other Operating Costs / Seminars & Workshops	854	
206	0862	423	60-02	Supplies / Safety Equipment	1,134	
206	0863	423	60-05	Supplies / Non-Capital Med & Lab	4,654	
206	0863	423	70-33	Other Operating Costs / Seminars & Workshops	1,000	
206	0864	423	60-05	Supplies / Non-Capital Med & Lab	1,833	
TOTAL (if SUBTOTAL, check here X)					37,473	

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

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FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
206	0861	385	02-00	Budgeted Cash / State Funds	854	
206	0862	385	02-00	Budgeted Cash / State Funds	1,134	
206	0863	385	02-00	Budgeted Cash / State Funds	5,654	
206	0864	385	02-00	Budgeted Cash / State Funds	1,833	
TOTAL (if SUBTOTAL, check here)					37,473	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
TOTAL (if SUBTOTAL, check here)					37,473	

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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 increases the EMS District budgets by the FY01 available cash balances. Each EMS district was requested to prioritize their needs to budget funds in appropriate expenditure categories.
- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?
At the time the FY02 Operating budget was prepared, FY01 available cash balances were unknown.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This increase is anticipated to be non-recurring for FY02. Future funding impacts, if any, will be covered by the State EMS Allotment received by the districts.
- 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. The revenue source for these increases is FY01 available cash balance from the State EMS Allotment received by the districts.
 - 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.
This request is not a state or federal grant
 - 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.
This request is to budget FY01 available cash balance, other funding sources are not applicable.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
Tesuque is planning to purchase a ventilator and Turquoise Trail is planning to purchase a defibrillator.
- 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.

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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 30th Day of October, 2001.

Santa Fe Board of County Commissioners



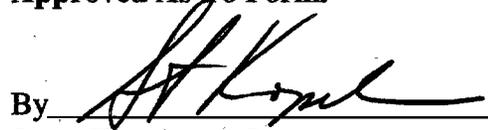
Paul Duran, Chairperson

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Rebecca Bustamante, County Clerk

Approved As To Form.

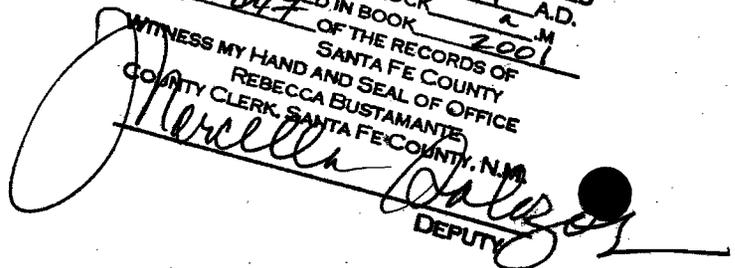


Steve Kopelman, County Attorney



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COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 30 DAY OF Oct A.D.
20 01 AT 11:40 O'CLOCK A.M.
AND WAS DULY RECORDED IN BOOK 2001
PAGE 1043-1047

WITNESS MY HAND AND SEAL OF OFFICE
OF THE RECORDS OF
SANTA FE COUNTY
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.


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