

SANTA FE COUNTY

RESOLUTION 2003 - 01

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

Whereas, the Board of County Commissioners meeting in regular session on January 14, 2003, did request the following budget adjustment:

Department / Division: Fire Administration / Emergency Preparedness

Fund Name: EMS-Health Care Fund (232)

Budget Adjustment Type: Increase

Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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
232	0808	372	00-00	Federal Grant	19,888	
232	0808	371	90-00	State / Other	5,000	
232	0808	380	01-00	Intergovernmental / Joint Power Agree/City	10,445	
TOTAL (if SUBTOTAL, check here)					35,333	

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
232	0108	461	50-90	Other Contractual Services		10,444
232	0808	422	10-21	Exempt Employes	19,708	
232	0808	422	20-01	FICA / Regular	1,222	
232	0808	422	20-02	FICA / Medicare	286	
232	0808	422	20-03	Retirement Contributions	3,746	
232	0808	422	20-05	Health Care	178	
232	0808	422	20-06	Retirement Health Care	256	
TOTAL (if SUBTOTAL, check here)					25,396	10,444

Requesting Department Approval: Stan Holder Title: Chief, Santa Fe County Fire Dept. Date: 1/7/03

Finance Department Approval: Richard M. Wells Date: 1-8-03 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

2314619

SANTA FE COUNTY

RESOLUTION 2003 - 01

BUDGET ADJUSTMENT CONTINUATION SHEET

2314620

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
TOTAL (if SUBTOTAL, check here)						

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
209	0808	422	20-08	Workers Comp.	4	
209	0808	422	30-01	In State Mileage & Fares	150	
209	0808	422	30-02	Out of State Mileage & Fares	1,738	
209	0808	422	30-03	In State Meals & Lodging	400	
209	0808	422	30-04	Out of State Meals & Lodging	1,075	
209	0808	422	30-05	Gas & Oil	250	
209	0808	422	40-04	Vehicle Maintenance	250	
209	0808	422	50-03	Professional Services	3,195	
209	0808	422	60-01	Inventory Exempt	153	
209	0808	422	60-03	Uniform / Linen Purchase	500	
209	0808	422	60-07	Office Supplies	750	
209	0808	422	60-09	Educational Supplies	300	
209	0808	422	60-90	Other Supplies	1,300	
209	0808	422	70-03	Telephone	1,027	
209	0808	422	70-13	Liability Insurance	1,650	
209	0808	422	70-33	Seminars & Workshops	300	
209	0808	422	70-39	Subscriptions & Dues	1,150	
209	0808	422	80-03	Equipment & Machinery	6,189	
TOTAL (if SUBTOTAL, check here)					45,777	10,444

RESOLUTION 2003 - 01

DEPARTMENT CONTACT:

Name: R. Carlos Nava

Dept/Div: Fire Administration

Phone No.: 992-3072

2314621

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 establish the FY 2003 operating budget for the Santa Fe County Emergency Preparedness Program. This request is made possible through a grant agreement between the Department of Public Safety, State of New Mexico, acting through The Office of Emergency Services & Security and The County of Santa Fe.
- 2) Why was this request not included in the fiscal year 2003 Operating Budget?
As of January 1, 2003, Santa Fe County has become the fiscal agent for this program and specific grant amounts were unavailable during the fiscal year 2003 Operating Budget Process.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
Once established, this budget will be a part of the annual operating budget.
- 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:
 - 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.
Department of Public Safety, Office of Emergency Services & Security

•Number: EMA-2003-GR-0003-SANT	Amount: \$ 39,777	City/County Match: \$ 39,777 (\$19,888.50 for each entity)
•Number: DOT—2002-PL-01	Amount: \$ 10,000	City/County Match: \$ 2,000 (\$1,000 for each entity)
	\$49,777	\$41,777

Total Sources = \$91,554 (\$45,777 being budgeted is for a six month time frame)
 - 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
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request will increase the Capital Purchases category by \$ 6,189 in order to purchase equipment & machinery as needed.
- 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 will add one FTE to the Santa Fe County Fire Department, Emergency Preparedness Division.
Position: Emergency Manager
Type: Exempt
Tool #: 8102-0002

2314622

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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 14th Day of January 2003.

Santa Fe Board of County Commissioners

Paul Duran, Chairperson



Rebecca Bustamante
Rebecca Bustamante, County Clerk



Approved As To Form.

By *Steve Kopelman*
Steve Kopelman, County Attorney

1243.768
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 15 DAY OF Jan A.D.
20 03 AT 8:48 O'CLOCK a. M.
AND WAS DULY RECORDED IN BOOK 2314
PAGE 619-622 OF THE RECORDS OF
SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.
Marcella Rojas
DEPUTY