

SANTA FE COUNTY

Page 1 of 5RESOLUTION 2006 - 176

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 31, 2006 request the following budget adjustment:

Department / Division: Fire Department / EMS DistrictsFund Name: Emergency Medical Services Fund (206)Budget Adjustment Type: Increase / DecreaseFiscal Year: 2007 (July 1, 2006 - June 30, 2007)

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 / DOH		399
206	0851	385	02-00	Budgeted Cash / State Funds	3,708	
206	0852	371	05-00	State / DOH		624
206	0852	385	02-00	Budgeted Cash / State Funds	3,897	
206	0853	371	05-00	State / DOH		621
206	0853	385	02-00	Budgeted Cash / State Funds	4,364	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					11,969	1,644

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	3,708	399
206	0852	423	60-05	Supplies / Non-Capital Med & Lab	3,897	624
206	0853	423	60-05	Supplies / Non-Capital Med & Lab	4,364	621
206	0854	423	60-05	Supplies / Non-Capital Med & Lab	746	3,368
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					12,715	5,012

Requesting Department Approval: Stan Holden Title: Chief, Santa Fe County Fire Dept.Date: 10/05/06Finance Department Approval: James C. Martinez Date: 10/24/06

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2006 - 176

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	0854	371	05-00	State / DOH		3,368
206	0854	385	02-00	Budgeted Cash / State Funds	746	
206	0855	371	05-00	State / DOH		180
206	0855	385	02-00	Budgeted Cash / State Funds	583	
206	0856	371	05-00	State / DOH	1,393	
206	0856	385	02-00	Budgeted Cash / State Funds	284	
206	0857	371	05-00	State / DOH		147
206	0857	385	02-00	Budgeted Cash / State Funds	1,680	
TOTAL (if SUBTOTAL, check here X)					16,655	5,339

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 Med & Lab	583	180
206	0856	423	60-05	Supplies / Non-Capital Med & Lab	1,677	
206	0857	423	60-05	Supplies / Non-Capital Med & Lab	1,330	147
206	0857	423	40-06	Maintenance/Maintenance Equipment	350	
206	0858	423	60-05	Supplies / Non-Capital Med & Lab	4,122	1,334
206	0859	423	60-05	Supplies / Non-Capital Med & Lab	3,172	1,400
206	0860	423	60-05	Supplies / Non-Capital Med & Lab	7,530	731
206	0861	423	60-05	Supplies / Non-Capital Med & Lab	4,563	
206	0862	423	60-05	Supplies / Non-Capital Med & Lab	1,613	116
206	0863	423	60-05	Supplies / Non-Capital Med & Lab	6,158	912
206	0864	423	60-05	Supplies / Non-Capital Med & Lab	4,209	1,205
206	0865	423	30-05	Gas & Oil		3,173
TOTAL (if SUBTOTAL, check here)					48,022	14,210

SANTA FE COUNTY

RESOLUTION 2006 - 176

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	0858	371	05-00	State / DOH		1,334
206	0858	385	02-00	Budgeted Cash / State Funds	4,122	
206	0859	371	05-00	State / DOH		1,400
206	0859	385	02-00	Budgeted Cash / State Funds	3,172	
206	0860	371	05-00	State / DOH		731
206	0860	385	02-00	Budgeted Cash / State Funds	7,530	
206	0861	371	05-00	State / DOH	1,948	
206	0861	385	02-00	Budgeted Cash / State Funds	2,615	
206	0862	371	05-00	State / DOH		116
206	0862	385	02-00	Budgeted Cash / State Funds	1,613	
206	0863	371	05-00	State / DOH		912
206	0863	385	02-00	Budgeted Cash / State Funds	6,158	
206	0864	371	05-00	State / DOH		1,205
206	0864	385	02-00	Budgeted Cash / State Funds	4,209	
206	0865	371	05-00	State / DOH		3,173
TOTAL (if SUBTOTAL, check here)					48,022	14,210

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)						

SANTA FE COUNTY

Page 4 of 5

RESOLUTION 2006 - 176

DEPARTMENT CONTACT:

Name: Donna Morris

Dept/Div: Fire 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.
This request increases/decreases the EMS District budgets by the FY 2007 approved State EMS Fund Act Distribution and by FY 2006 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 2007 Operating Budget?
At the time the FY07 Operating budget was prepared, state funding amounts and FY06 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 FY07. The State EMS Allotment received by the districts will cover future funding impacts, if any.
- 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 FY06 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.
FY 2007 EMS Fund Act Distribution
 - 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 FY06 available cash balances, 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.
This request will not impact the Capital Purchases category for the Fire/EMS Districts.
- 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.

SANTA FE COUNTY

RESOLUTION 2006 - 176

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 31st Day of October, 2006.

Santa Fe Board of County Commissioners

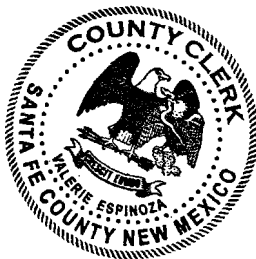

Harry Montoya, Chairman

ATTEST:


Valerie Espinoza, County Clerk

Approved As To Form.

By 
Stephen Ross, County Attorney



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for
Record On The 2ND Day Of November, A.D., 2006 at 11:42
And Was Duly Recorded as Instrument # 1457569
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
County Clerk, Santa Fe, NM
Deputy 