SFC CLERK RECORDED 10/03/2007

SANTA FE COUNTY

RESOLUTION 2007 - 150

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, 2007, did request the following budget adjustment:

Department / Division: Fire Department/Various Fire Districts Fund Name: EMS Fund (206)

Budget Adjustment Type: Budget Increase Fiscal Year: 2008 (July 1, 2007 - June 30, 2008)

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	2,662	
206	0851	385	02-00	Budgeted Cash / State Funds	1,875	
206	0852	371	05-00	State / DOH	1,042	
206	0853	371	05-00	State / DOH	2,879	
206	0853	385	05-00	Budgeted Cash / State Funds	1,770	
TOTAL (if SUBTOTAL, check here X)					10,228	

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	40-02	Maintenance/Contracts	250	
206	0851	423	60-05	Supplies/Non-Capital Med & Lab	2,287	
206	0851	423	70-33	Other Operating Costs/Seminars & Workshops	2,000	
206	0852	423	60-05	Supplies/Non-Capital Med & Lab	1,042	
TOTAL (if SUBTOTAL, check here X)					5,579	

Requesting Department Approval: Stan Holden **Title: Chief, Santa Fe County Fire Department** **Date:** 9/25//07

Finance Department Approval: Teresa M Martinez **Date:** 9/1/07 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____

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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	0854	371	05-00	State / DOH	924	
206	0854	385	02-00	Budgeted Cash / State Funds	1,231	
206	0855	371	05-00	State / DOH	535	
206	0855	385	02-00	Budgeted Cash / State Funds	1,867	
206	0856	371	05-00	State / DOH	807	
206	0856	385	02-00	Budgeted Cash / State Funds	613	
206	0857	371	05-00	State / DOH	341	
206	0857	385	02-00	Budgeted Cash / State Funds	1,670	
206	0858	371	05-00	State / DOH	959	
206	0858	385	02-00	Budgeted Cash / State Funds	3,985	
TOTAL (if SUBTOTAL, check here X)					23,160	

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	0853	423	60-05	Supplies/Non-Capital Med & Lab	3,649	
206	0853	423	70-33	Other Operating Costs/Seminars & Workshops	1,000	
206	0854	423	60-05	Supplies/Non-Capital Med & Lab	1,655	
206	0854	423	70-33	Other Operating Costs/Seminars & Workshops	500	
206	0855	423	60-05	Supplies/Non-Capital Med & Lab	2,000	
206	0855	423	70-33	Other Operating Costs/Seminars & Workshops	402	
206	0856	423	60-05	Supplies/Non-Capital Med & Lab	420	
206	0856	423	70-33	Other Operating Costs/Seminars & Workshops	1,000	
206	0857	423	60-05	Supplies/Non-Capital Med & Lab	1,500	
206	0857	423	70-33	Other Operating Costs/Seminars & Workshops	511	
206	0858	423	60-05	Supplies/Non-Capital Med & Lab	4,000	
206	0858	423	70-33	Other Operating Costs/Seminars & Workshops	944	
TOTAL (if SUBTOTAL, check here X)					23,160	

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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	0859	385	02-00	Budgeted Cash / State Funds	1,680	
206	0860	371	05-00	State / DOH	3,066	
206	0860	385	02-00	Budgeted Cash / State Funds	3,291	
206	0861	371	05-00	State / DOH	119	
206	0861	385	02-00	Budgeted Cash / State Funds	1,895	
206	0862	371	05-00	State / DOH	2,537	
206	0862	385	02-00	Budgeted Cash / State Funds	2,245	
TOTAL (if SUBTOTAL, check here X)					37,993	

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	0859	423	60-05	Supplies/Non-Capital Med & Lab	1,680	
206	0860	423	60-01	Supplies/Inventory Exempt	5,000	
206	0860	423	70-33	Other Operating Costs/Seminars & Workshops	1,357	
206	0861	423	60-05	Supplies/Non-Capital Med & Lab	1,514	
206	0861	423	70-33	Other Operating Costs/Seminars & Workshops	500	
206	0862	423	60-01	Supplies/Inventory Exempt	4,000	
206	0862	423	70-33	Other Operating Costs/Seminars & Workshops	782	
TOTAL (if SUBTOTAL, check here X)					37,993	

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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	0863	371	05-00	State / DOH	3,652	
206	0863	385	02-00	Budgeted Cash / State Funds	6,905	
206	0864	371	05-00	State / DOH	2,117	
206	0864	385	02-00	Budgeted Cash / State Funds	759	
206	0865	371	05-00	State / DOH	6,321	
TOTAL (if SUBTOTAL, check here ____)					57,747	

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	0863	423	60-01	Supplies/Inventory Exempt	2,000	
206	0863	423	70-33	Other Operating Costs/Seminars & Workshops	2,000	
206	0863	423	80-99	Capital Purchases/Inventory Exempt	6,557	
206	0864	423	40-02	Maintenance/Maintenance Contracts	200	
206	0864	423	60-05	Supplies/Non-Capital Med & Lab	2,676	
206	0865	423	30-05	Travel/Gas & Oil	6,321	
TOTAL (if SUBTOTAL, check here ____)					57,747	

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SANTA FE COUNTY

RESOLUTION 2007 - 150

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Donna Morris **Dept/Div:** Fire Department/Administration **Phone Number:** 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.

Requesting a budget increase to the fire districts EMS (206) budgets by the FY 2008 approved EMS Fund Act distribution and by the FY 2007 available cash balances. Each EMS district was requested to prioritize their needs to budget funds in appropriate expenditure categories.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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RESOLUTION 2007 - 150

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Donna Morris **Dept/Div:** Fire Department/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.):

- 3) 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, YES _____ NO _X_
    If YES, cite statute and attach a copy.

    The State EMS Fund Act. Copy of Cash Carry Over Approval is Attached.

  - b) Does this include state or federal funds? YES _X_ NO _____
    If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.

    State EMS Fund Act.

  - c) Is this request is a result of Commission action? YES _____ NO _X_
    If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).

  - d) Please identify other funding sources used to match this request.

    Not Applicable.

SANTA FE COUNTY

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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 25th Day of September, 2007.

Santa Fe Board of County Commissioners

Virginia Vigil, Chairperson

Valerie Espinoza, County Clerk

Approved As To Form.

By _____ for Stephen Ross
Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 7

I Hereby Certify That This Instrument Was Filed for Record On The 3RD Day Of October, A.D., 2007 at 10:23 And Was Duly Recorded as Instrument # 1501837 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy _____ County Clerk, Santa Fe, NM