SFC CLERK RECORDED 10/28/2009

SANTA FE COUNTY

RESOLUTION 2009 - 193

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 27, 2009 , did request the following budget adjustment:

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

Budget Adjustment Type: Budget Increase/Decrease Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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		640
206	0851	385	02-00	Budgeted Cash / State Funds	3,540	
206	0852	371	05-00	State / DOH		624
206	0852	385	02-00	Budgeted Cash / State Funds	5,480	
TOTAL (if SUBTOTAL, check here X)					9,020	1,264

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	60-02	Supplies/Safety Equipment		640
206	0851	423	60-05	Supplies/Non-Capital Med & Lab	795	
206	0851	423	70-33	Other Operating Costs/Seminars & Workshops	1,090	
206	0851	423	80-17	Capital Purchases/Medical Equipment	1,655	
206	0852	423	30-01	Travel/In-State Mileage & Fares		200
TOTAL (if SUBTOTAL, check here X)					3,540	840

Requesting Department Approval: Stan Holden **Title:** Chief **Date:** 10/05/09

Finance Department Approval: [signature] **Date:** 10/20/09 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____ **Updated by:** _____ **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	0853	371	05-00	State / DOH		199
206	0853	385	02-00	Budgeted Cash / State Funds	9,331	
206	0854	371	05-00	State / DOH		690
206	0854	385	02-00	Budgeted Cash / State Funds	3,472	
206	0855	371	05-00	State / DOH		945
206	0855	385	02-00	Budgeted Cash / State Funds	2,762	
206	0856	371	05-00	State / DOH		400
206	0856	385	02-00	Budgeted Cash / State Funds	125	
206	0857	371	05-00	State / DOH		220
206	0857	385	02-00	Budgeted Cash / State Funds	1,559	
TOTAL (if SUBTOTAL, check here X)					26,269	3,718

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	0852	423	30-03	Travel/In-State Meals & Lodging		200
206	0852	423	70-39	Other Operating Costs/Subscriptions & Dues		224
206	0852	423	60-02	Supplies/Safety Supplies	624	
206	0852	423	80-17	Capital Purchases/Medical Equipment	4,856	
206	0853	423	30-01	Travel/ In-State Mileage & Fares		199
206	0853	423	60-01	Supplies/Inventory Exempt	3,283	
206	0853	423	80-17	Capital Purchases/Medical Equipment	6,048	
206	0854	423	30-02	Travel/Out of State Mileage & Fares		690
206	0854	423	60-05	Supplies/Non-Capital Med & Lab	573	
206	0854	423	80-17	Capital Purchases/Medical Equipment	2,899	
206	0855	423	30-01	Travel/In-State Mileage & Fares		500
206	0855	423	30-03	Travel/In State Meals & Lodging		445
206	0855	423	80-17	Capital Purchases/Medical Equipment	2,762	
TOTAL (if SUBTOTAL, check here X)					24,585	3,098

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RESOLUTION 2009 - 193

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		1,301
206	0858	385	02-00	Budgeted Cash / State Funds	4,949	
206	0859	371	05-00	State / DOH		154
206	0859	385	02-00	Budgeted Cash / State Funds	7,772	
206	0860	371	05-00	State / DOH		2,653
206	0860	385	02-00	Budgeted Cash / State Funds	7,779	
206	0861	371	05-00	State / DOH		11
206	0861	385	02-00	Budgeted Cash / State Funds	6,880	
206	0862	371	05-00	State / DOH		386
206	0862	385	02-00	Budgeted Cash / State Funds	9,006	
206	0863	371	05-00	State / DOH		1,247
206	0863	385	02-00	Budgeted Cash / State Funds	17,002	
206	0864	371	05-00	State / DOH		38
206	0864	385	02-00	Budgeted Cash / State Funds	6,028	
206	0865	371	05-00	State / DOH		5,018
TOTAL (if SUBTOTAL, check here)					85,685	14,526

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	0856	423	30-03	Travel/In-State Meals & Lodging		400
206	0856	423	60-01	Supplies/Inventory Exempt	125	
206	0857	423	30-02	Travel/Out of State Mileage		220
206	0857	423	60-05	Supplies/Non-Capital Med & Lab	1,559	
206	0858	423	30-01	Travel/In-State Mileage & Fares		100
206	0858	423	30-02	Travel/Out of State Mileage & Fares		500
206	0858	423	30-03	Travel/In-State Meals & Lodging		200
TOTAL (if SUBTOTAL, check here X)					26,269	4,518

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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
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
206	0858	423	30-04	Travel/Out of State Meals & Lodging		400
206	0858	423	60-01	Supplies/Inventory Exempt		101
206	0858	423	80-17	Capital Purchases/Medical Equipment	4,949	
206	0859	423	40-02	Maintenance/Contracts		154
206	0859	423	60-02	Supplies/Safety Supplies	1,622	
206	0859	423	80-17	Capital Purchases/Medical Equipment	6,150	
206	0860	423	30-01	Travel/In-State Mileage & Fares		500
206	0860	423	70-33	Other Operating Costs/Seminars & Workshops		2,153
206	0860	423	60-02	Supplies/Safety Supplies	1,269	
206	0860	423	80-15	Capital Purchases/Computers	1,200	
206	0860	423	80-17	Capital Purchases/Medical Equipment	5,310	
206	0861	423	30-01	Travel/In-State Meals & Lodging		11
206	0861	423	60-05	Supplies/Non-Capital Med & Lab	1,600	
206	0861	423	80-15	Capital Purchases/Computers	1,285	
206	0861	423	80-17	Capital Purchases/Medical Equipment	3,995	
206	0862	423	30-03	Travel/In-State Meals & Lodging		386
206	0862	423	60-08	Supplies/Field Supplies	1,924	
206	0862	423	80-17	Capital Purchases/Medical Equipment	7,082	
206	0863	423	30-01	Travel/In-State Mileage & Fares		500
206	0863	423	30-03	Travel/In-State Meals & Lodging		747
206	0863	423	60-02	Supplies/Safety Supplies	1,600	
TOTAL (if SUBTOTAL, check here X)					64,255	9,470

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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
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
206	0863	423	80-17	Capital Purchases/Medical Supplies	15,402	
206	0864	423	30-03	Travel/In-State Meals & Lodging		38
206	0864	423	60-02	Supplies/Safety Supplies	558	
206	0864	423	80-15	Capital Purchases/Computers	2,000	
206	0864	423	80-17	Capital Purchases/Medical Equipment	3,470	
206	0864	423	30-05	Travel/Gas & Oil		5,018
TOTAL (if SUBTOTAL, check here ____)					85,685	14,526

SANTA FE COUNTY

RESOLUTION 2009 - 193

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.):

- 1) Please summarize the request and its purpose.

Requesting a budget increase/decrease to the Fire Districts EMS Fund (206) budgets by the FY 2010 approved EMS Fund Act distribution and to carry forward the FY 2009 available cash balances for expenditure in FY-2010. 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
80-15	Various Fire Districts are purchasing lap top computers for state mandated EMS data collection	4,485
80-17	Various Fire Districts are purchasing capital medical equipment identified as a need for the district	64,578

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

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RESOLUTION 2009 - 193

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.

  - 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.

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

  - 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.

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SANTA FE COUNTY

RESOLUTION 2009 - 193

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 27 th Day of October , 2009.

Santa Fe Board of County Commissioners

Michael Anaya, Chairman

ATTEST:

Valerie Espinoza, County Clerk

COUNTY CLERK SANTA FE COUNTY NEW MEXICO VALERIE ESPINOZA

COUNTY CLERK SANTA FE COUNTY NEW MEXICO VALERIE ESPINOZA

BCC RESOLUTIONS
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COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 28TH Day Of October, 2009 at 12:51:37 PM And Was Duly Recorded as Instrument # 1581395 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza

Deputy _____ County Clerk, Santa Fe, NM