

SANTA FE COUNTY

RESOLUTION 2012 - 122

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, 2012, 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: 2013 (July 1, 2012 - June 30, 2013)

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		304
206	0851	385	02-00	Budgeted Cash / State Funds	539	
206	0852	371	05-00	State / DOH		752
206	0852	385	02-00	Budgeted Cash / State Funds	359	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					898	1,056

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	235	
206	0852	423	60-05	Supplies/Non-Capital Med & Lab		393
206	0853	423	80-03	Capital Purchases/Equipment & Machinery		1,647
206	0854	423	60-05	Supplies/Non-Capital Med & Lab	519	
206	0855	423	80-03	Capital Purchases/Equipment & Machinery		454
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					754	2,494

Requesting Department Approval: *[Signature]* Title: Chief Date: 9-12-12

Finance Department Approval: *[Signature]* Date: 9/13/12 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		1,752
206	0853	385	02-00	Budgeted Cash / State Funds	105	
206	0854	371	05-00	State / DOH		545
206	0854	385	02-00	Budgeted Cash / State Funds	1,064	
206	0855	371	05-00	State / DOH		587
206	0855	385	02-00	Budgeted Cash / State Funds	133	
206	0856	371	05-00	State / DOH		301
206	0856	385	02-00	Budgeted Cash / State Funds	341	
206	0857	371	05-00	State / DOH		2,081
206	0857	385	02-00	Budgeted Cash / State Funds	192	
TOTAL (if SUBTOTAL, check here X)					2,733	6,322

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	70-33	Other Operating Costs/Seminars & Workshops	40	
206	0857	423	80-03	Capital Purchases/Equipment & Machinery		1,889
206	0858	423	80-03	Capital Purchases/Equipment & Machinery		723
206	0859	423	70-33	Other Operating Costs/Seminars & Workshops	310	
206	0860	423	80-03	Capital Purchases/Equipment & Machinery		962
206	0861	423	70-33	Other Operating Costs/Seminars & Workshops	578	
206	0862	423	70-33	Other Operating Costs/Seminars & Workshops	114	
206	0863	423	70-33	Other Operating Costs/Seminars & Workshops	234	
206	0864	423	35-03	Vehicle Expenses/Maintenance		1,595
206	0865	423	35-01	Vehicle Expenses/Fuel	10,743	
TOTAL (if SUBTOTAL, check here X)					12,773	7,663

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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		769
206	0858	385	02-00	Budgeted Cash / State Funds	46	
206	0859	371	05-00	State / DOH		397
206	0859	385	02-00	Budgeted Cash / State Funds	707	
206	0860	371	05-00	State / DOH		1,102
206	0860	385	02-00	Budgeted Cash / State Funds	140	
206	0861	371	05-00	State / DOH		97
206	0861	385	02-00	Budgeted Cash / State Funds	675	
206	0862	371	05-00	State / DOH		264
206	0862	385	02-00	Budgeted Cash / State Funds	378	
206	0863	385	02-00	Budgeted Cash / State Funds	234	
206	0864	371	05-00	State / DOH		2,069
206	0864	385	02-00	Budgeted Cash / State Funds	474	
206	0865	371	05-00	State / DOH	10,743	
TOTAL (if SUBTOTAL, check here)					16,130	11,020

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)						

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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 BCC approval for a budget increase/decrease to the Fire Districts EMS Fund (206) cost center to adjust the budget for the current year allocation to the actual distribution amount and to carry forward the FY 2012 available cash balances for expenditure in FY-2013 for the total amount of \$5,110. Each EMS District was requested to prioritize their needs to budget funds in the 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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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
b) Does this include state or federal funds? YES X NO
c) Is this request is a result of Commission action? YES NO X
d) Please identify other funding sources used to match this request.
Not Applicable.

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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 25 th Day of September, 2012.

Santa Fe Board of County Commissioners

Liz Stefanics
Liz Stefanics, Madam Chair

ATTEST:

Valerie Espinoza
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BUCKMAN DIRECT RESOLUT
STATE OF NEW MEXICO) ss PAGES: 6

I Hereby Certify That This Instrument Was Filed for Record On The 27TH Day Of September, 2012 at 11:41:06 AM And Was Duly Recorded as Instrument # 1682767 Of The Records Of Santa Fe County

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