

SANTA FE COUNTY

RESOLUTION 2014 - 119

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 28, 2014, 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: 2015 (July 1, 2014 - June 30, 2015)

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		240
206	0851	385	02-00	Budgeted Cash / State Funds	1	
206	0852	371	05-00	State / DOH		1,318
206	0852	385	02-00	Budgeted Cash / State Funds	2	
TOTAL (if SUBTOTAL, check here X)					3	1,558

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		239
206	0852	423	60-05	Supplies/Non-Capital Med & Lab		1,316
206	0853	423	80-99	Capital Purchases/Inventory Exempt		1,794
206	0854	423	60-05	Supplies/Non-Capital Med & Lab		919
206	0855	423	40-02	Maintenance/Equipment		662
TOTAL (if SUBTOTAL, check here X)						4,930

Requesting Department Approval: [Signature] Title: Chief Date: 10.15.14

Finance Department Approval: [Signature] Date: 10/27/14 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 10.28.14 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		1,843
206	0853	385	02-00	Budgeted Cash / State Funds	49	
206	0854	371	05-00	State / DOH		936
206	0854	385	02-00	Budgeted Cash / State Funds	17	
206	0855	371	05-00	State / DOH		669
206	0855	385	02-00	Budgeted Cash / State Funds	7	
206	0856	371	05-00	State / DOH		1,100
206	0856	385	02-00	Budgeted Cash / State Funds	1	
206	0857	371	05-00	State / DOH		58
206	0857	385	02-00	Budgeted Cash / State Funds	99	
TOTAL (if SUBTOTAL, check here X)					176	6,164

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	60-07	Supplies/Operational Supplies		1,099
206	0857	423	60-05	Supplies/Non-Capital Med & Lab	41	
206	0858	423	60-05	Supplies/Non-Capital Med & Lab		321
206	0859	423	60-07	Supplies/Operational Supplies		790
206	0860	423	60-07	Supplies/Operational Supplies	638	
206	0861	423	60-05	Supplies/Non-Capital Med & Lab		397
206	0862	423	60-05	Supplies/Non-Capital Med & Lab		184
206	0864	423	60-05	Supplies/Non-Capital Med & Lab	4	
206	0865	423	35-01	Vehicle Expenses/Fuel		3,351
206	0866	423	35-01	Vehicle Expenses/Fuel	8,734	
TOTAL (if SUBTOTAL, check here)					9,417	11,072

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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	0858	371	05-00	State / DOH		432
206	0858	385	02-00	Budgeted Cash / State Funds	111	
206	0859	371	05-00	State / DOH		824
206	0859	385	02-00	Budgeted Cash / State Funds	34	
206	0860	371	05-00	State / DOH	418	
206	0860	385	02-00	Budgeted Cash / State Funds	220	
206	0861	371	05-00	State / DOH		398
206	0861	385	02-00	Budgeted Cash / State Funds	1	
206	0862	371	05-00	State / DOH		203
206	0862	385	02-00	Budgeted Cash / State Funds	19	
206	0864	371	05-00	State / DOH		10
206	0864	385	02-00	Budgeted Cash / State Funds	14	
206	0865	371	05-00	State / DOH		3,351
206	0866	371	05-00	State / DOH	8,734	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					9,727	11,382

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 <input type="checkbox"/>)						

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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/ 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-2014 available cash balances for expenditure in FY-2015 for the total amount of \$1,655. Each EMS District was requested to prioritize their needs to budget funds in the appropriate expenditure categories to support day to day Fire/EMS operations inclusive of vehicle fuel, supplies and equipment maintenance.

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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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.

 - 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.

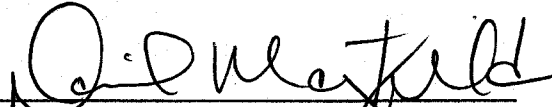
Not Applicable.

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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 28 th Day of October, 2014.

Santa Fe Board of County Commissioners


Daniel W. Mayfield, Chair

ATTEST:

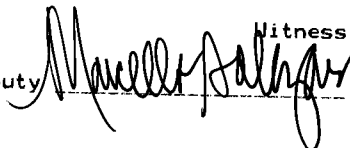

Geraldine Salazar, County Clerk
10-28-2014



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
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I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of October, 2014 at 02:47:19 PM
And Was Duly Recorded as Instrument # **1749585**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Deputy  Geraldine Salazar
County Clerk, Santa Fe, NM