

SANTA FE COUNTY

RESOLUTION 2019 29

A RESOLUTION REQUESTING AUTHORIZATION TO MAKE THE BUDGET ADJUSTMENT DETAILED ON THIS FORM

Whereas, the Board of County Commissioners meeting in regular session on _____, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire Operations

Budget Adjustment Type: Budget Increase Fiscal Year: 2019 (July 1, 2018 - June 30, 2019)

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
244	0886	371	90-00	Fire Operations/State Grant/ Other	75,000	
					75,000	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/OBJECT XXXX	CATEGORY / LINE ITEM	INCREASE AMOUNT	DECREASE AMOUNT
244	0886	422	35-01	Fire/Vehicle Expenses / Fuel	4,600	
244	0886	422	50-03	Fire/Services / Contractual Professional Services	67,500	
244	0886	422	60-05	Fire/Supplies / Non Capital Med & Lab	1,500	
244	0886	422	60-07	Fire/Supplies / Operational Supplies	600	
244	0886	422	70-39	Fire/Other Ops Costs / Printing & Publishing	800	
					75,000	

Requesting Department Approval: [Signature] Title: Fire Chief Date: 2-11-19

Finance Department Approval: [Signature] Entered by: _____ Date: _____

County Manager Approval: [Signature] **RECORDED** Date: 2/26/19 **SPEC CLERK** Updated by: _____ Date: _____

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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.

The purpose of this grant is to create an overdose survivor follow up pilot program to expand naloxone availability and to reduce opioid overdose death in Santa Fe County. The Santa Fe County Fire Department will contract with a licensed social worker to be a part of a two-person outreach team, with the second person of this team being a designated SFCFD EMT/Paramedic. This two person team will work with the Santa Fe City Fire Department to replicate the Mobile Integrated Health Office (MIHO) Opioid Overdose Outreach program.

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
50-03	Contractual Service for Social Worker	67,500

- 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 NO X
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 grant award letter and proposed budget.
 - 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. N/A

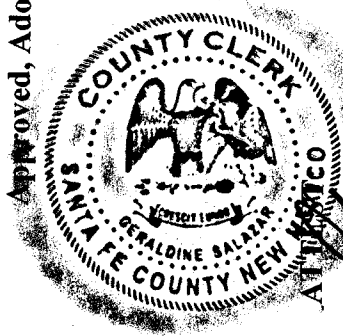
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 26th Day of February, 2019.

Santa Fe Board of County Commissioners


Anna Hamilton, Chairperson




Geraldine Salazar, County Clerk

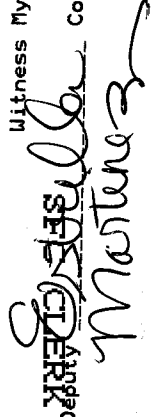


COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 27TH Day Of February, 2019 at 01:46:19 PM And Was Duly Recorded as Instrument # 1879871 Of The Records Of Santa Fe County

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

RECORDED 02/27/2019



BCC RESOLUTIONS
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