

SANTA FE COUNTY

RESOLUTION 2009 - 16

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

Whereas, the Board of County Commissioners meeting in regular session on January 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: 2009 (July 1, 2008 - June 30, 2009)

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	277	
206	0851	385	02-00	Budgeted Cash / State Funds	1,839	
206	0852	371	05-00	State / DOH	267	
206	0852	385	02-00	Budgeted Cash / State Funds	1,610	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					3,993	

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	0851	423	60-05	Supplies/Non-Capital Med & Lab	1,316	
206	0851	423	70-33	Other Operating Costs	800	
206	0852	423	60-05	Supplies/Non-Capital Med & Lab	1,877	
206	0853	423	60-05	Supplies/Non-Medical Med & Lab	2,697.00	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					6,690	

Requesting Department Approval: Stan Holden Title: Chief Date: 12/31/08
 Finance Department Approval: Wilson M. Arroyo Date: 1/16/09 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	DEPARTMENT	ACTIVITY	OBJECT	REVENUE	AMOUNT	DEPARTMENT
206	0853	371	05-00	State / DOH	1,109	
206	0853	385	02-00	Budgeted Cash / State Funds	1,588	
206	0854	371	05-00	State / DOH		124
206	0854	385	02-00	Budgeted Cash / State Funds	5,231	
206	0855	371	05-00	State / DOH	262	
206	0855	385	02-00	Budgeted Cash / State Funds	2,494	
206	0856	371	05-00	State / DOH	500	
206	0856	385	02-00	Budgeted Cash / State Funds	770	
206	0857	371	05-00	State / DOH	45	
206	0857	385	02-00	Budgeted Cash / State Funds	180	
TOTAL (SUBTOTAL, check here X)					16,172	124

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT	ACTIVITY	OBJECT	EXPENDITURE	AMOUNT	DEPARTMENT
206	0854	423	60-05	Supplies/Non-Capital Med & Lab	4,107	
206	0854	423	70-33	Other Operating Costs/Seminars & Workshops	1,000	
206	0855	423	60-05	Supplies/Non-Capital Med & Lab	1,556	
206	0855	423	70-33	Other Operating Costs/Seminars & Workshops	1,200	
206	0856	423	60-05	Supplies/Non-Capital Med & Lab	670	
206	0856	423	70-33	Other Operating Costs/Seminars & Workshops	600	
206	0857	423	70-33	Other Operating Costs/Seminars & Workshops	225	
206	0858	423	60-08	Supplies/Field Supplies	952	
206	0859	423	60-05	Supplies/Non-Capital Med & Lab	3,528	
206	0859	423	60-09	Supplies/Educational Supplies	1,695	
206	0860	423	60-02	Supplies/Safety Equipment	5,315	
206	0860	423	70-33	Other Operating Costs/Seminars & Workshops	1,500	

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

LINE	DESCRIPTION	AMOUNT	DATE	DETAILS	AMOUNT	AMOUNT
206	0858	371	05-00	State / DOH		876
206	0858	385	02-00	Budgeted Cash / State Funds	1,828	
206	0859	371	05-00	State / DOH	1,000	
206	0859	385	02-00	Budgeted Cash / State Funds	4,223	
206	0860	371	05-00	State / DOH	1,045	
206	0860	385	02-00	Budgeted Cash / State Funds	5,770	
206	0865	371	05-00	State / DOH		2,439
206	0861	371	05-00	State / DOH	19	
206	0861	385	02-00	Budgeted Cash / State Funds	2,739	
206	0862	371	05-00	State / DOH	8	
206	0862	385	02-00	Budgeted Cash / State Funds	4,198	
206	0863	371	05-00	State / DOH		286
206	0863	385	02-00	Budgeted Cash / State Funds	6,812	
206	0864	371	05-00	State / DOH	59	
206	0864	385	02-00	Budgeted Cash / State Funds	3,922	
TOTAL (if SUBTOTAL, check here)					47,795	3,725

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

206	0865	423	30-05	Travel/Gas & Oil		2,439
206	0861	423	60-05	Supplies/Non-Capital Med & Lab	1,758	
206	0861	423	70-33	Other Operating Costs/Seminars & Workshops	1,000	
206	0862	423	60-05	Supplies/Non-Capital Med & Lab	4,206	
206	0863	423	60-05	Supplies/Non-Capital Med & Lab	6,526	
206	0864	423	60-05	Supplies/Non Capital Med & Lab	3,981	

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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 a budget increase/decrease to the Fire Districts EMS Fund (206) budgets by the FY 2009 approved EMS Fund Act distribution and by the FY 2008 available cash balances. Each EMS District was requested to prioritize their needs to budget fund 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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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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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 27th Day of January, 2009.

Santa Fe Board of County Commissioners

Michael Anaya, Chairman

ATTEST:

Valerie Espinoza, County Clerk



COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 6
I Hereby Certify That This Instrument Was Filed for
Record On The 28TH Day Of January, 2009 at 11:36:00 AM
And Was Duly Recorded as Instrument # 1550412
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM