

SANTA FE COUNTY
RESOLUTION 2015 - 169

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

Whereas, the Board of County Commissioners meeting in regular session on December 8, 2015, did request the following budget adjustment:

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

Budget Adjustment Type: Budget 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		417
206	0852	371	05-00	State / DOH		333
206	0853	371	05-00	State / DOH		1,150
TOTAL (if SUBTOTAL, check here X)						1,900

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		417
206	0852	423	60-05	Supplies/Non-Capital Med & Lab		333
206	0853	423	80-99	Capital Purchases/Inventory Exempt		1,150
206	0854	423	60-07	Supplies/Operational Supplies		659
206	0855	423	40-02	Maintenance/Equipment		449
TOTAL (if SUBTOTAL, check here X)						3,008

Requesting Department Approval: _____ Title: Chief S.F. Kelly for D. Spalding Date: 11/17/15

Finance Department Approval: Cristina Gonzalez Date: 11/24/15 Entered by: _____ Date: _____

County Manager Approval: Katherine N. Wells Date: 12.8.15 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	0854	371	05-00	State / DOH		659
206	0855	371	05-00	State / DOH		449
206	0856	371	05-00	State / DOH		900
206	0857	371	05-00	State / DOH		248
206	0858	371	05-00	State / DOH		567
206	0859	371	05-00	State / DOH		907
206	0860	371	05-00	State / DOH		1,083
206	0861	371	05-00	State / DOH		100
206	0862	371	05-00	State / DOH		289
206	0863	371	05-00	State / DOH		200
TOTAL (if SUBTOTAL, check here X)						7,302

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	60-05	Supplies/Non-Capital Med & Lab		900
206	0857	423	30-03	Travel/In State		248
206	0858	423	60-05	Supplies/Non-Capital Med & Lab		567
206	0859	423	60-05	Supplies/Non-Capital Med & Lab		907
206	0860	423	60-03	Supplies/Uniform Expense		1,083
206	0861	423	60-05	Supplies/Non-Capital Med & Lab		100
206	0862	423	60-05	Supplies/Non-Capital Med & Lab		289
206	0863	423	60-07	Supplies/Operational Supplies		200
206	0864	423	60-05	Supplies/Mon-Capital Med & Lab		245
206	0865	423	35-01	Vehicle Expenses/Fuel		1,213
206	0866	423	35-01	Vehicle Expenses/Fuel		1,614
TOTAL (if SUBTOTAL, check here)						10,374

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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	0864	371	05-00	State / DOH		245
206	0865	371	05-00	State / DOH		1,213
206	0866	371	05-00	State / DOH		1,614
TOTAL (if SUBTOTAL, check here)						10,374

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 decrease to the Fire Districts EMS Fund (206) cost center in the amount of \$10,374 to adjust the budget for the current year allocation to the actual distribution amount which was overstated in the original budget request.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclasse, 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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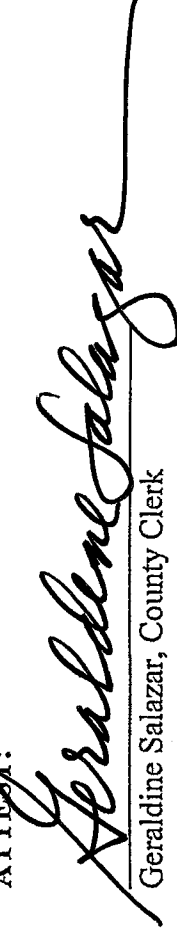
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

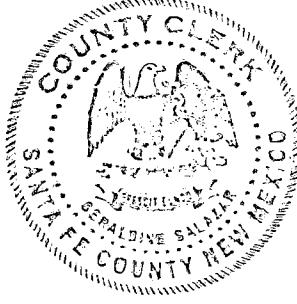
Approved, Adopted, and Passed This 8th Day of December, 2015.

Santa Fe Board of County Commissioners


Robert A. Anaya, Chair

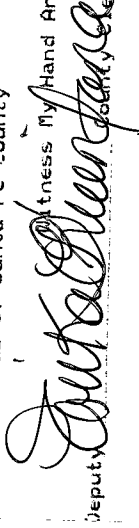
ATTEST:


Geraldine Salazar, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss BCC RESOLUTIONS
PAGES: 8

I Hereby Certify That This Instrument Was Filed for Record On The 9TH Day Of December, 2015 at 10:36:42 AM and Was Duly Recorded as Instrument # 1781440 Of The Records Of Santa Fe County


Deputy County Clerk, Santa Fe, NM





August 18, 2015

Santa Fe County
P O Box 276
Santa Fe, NM 87504

Dear Sir/Mam:

In accordance with the terms of Rules governing in Emergency Medical Services Fund Act, DOH 7.27.4 NMAC, a warrant in the amount of \$121,792.00 is authorized for disbursement on behalf of the following local recipient (s) in accordance with their approved applications:

Agua Fria Fire-\$8,500.00, Chimayo Fire-\$5,525.00, Edgewood Fire-\$9,423.00, El Dorado Fire-\$7,928.00, Gallisteo Fire-\$5,061.00, Glorieta Pass Fire-\$7,348.00, Hondo Fire-\$7,691.00, La Cienega Fire-\$9,196.00, LA Puebla Fire-\$8,248.00, Madrid Fire-\$5,300.00, Pojoaque Fire-\$7,900.00, Rocky Mountain EMS-\$10,311.00, Stanley Fire-\$5,168.00, Tesuque Fire-\$7,873.00, Turquoise Trail-\$7,500.00, Superior Ambulance-\$8,820.00

These funds from the Local Funding Program of the EMS Fund Act for FY 16 (July 1, 2015 – June 30 ,2016) must be accounted for in accordance with the rules set forth by the New Mexico Department of Finance and Administration, Local Government Division and the EMS Fund Act Rules 7.27.4 NMAC.

In order to keep our records in order, we are asking that each Applicant (Fiscal Agent) submit an itemized expenditures report for FY15 EMS Fund Act Local Funding Award (July 1, 2014 – June 30, 2015). If you administer funds for more than one (1) Local recipient, please submit a report for each service.

Please submit no later than October 1, 2015. Failure to do this can affect future Fund Act Allotments.

If you have any questions, please contact me at (505) 476-8233 or by e-mail at ann.martinez1@state.nm.us

Sincerely,

Ann Martinez

Ann Martinez FF I / EMT- I
EMS Fund Act Coordinator

Xc: EMS Regional Director
Santa Fe County
Local Government Division/DFA

EMERGENCY MEDICAL SYSTEMS BUREAU
1301 Siler Building F • Santa Fe, New Mexico • 87507-3540
(505) 476-8200 • FAX: (505) 471-2122 • <http://archive.nmems.org>

SFC CLERK RECORDED 12/09/2015

2016 Adjustement
Fund 206

Account	Original Budget	Allocated Fund from DOH	Adjustment	Account #
206-0851 Chimayo	\$ 5,942.00	\$ 5,525.00	\$ (417.00)	206-0851-423-60-05
206-0852 Eldorado	\$ 8,261.00	\$ 7,928.00	\$ (333.00)	206-0852-423-60-05
206-0853 Edgewood	\$ 10,573.00	\$ 9,423.00	\$ (1,150.00)	206-0853-423-80-99
206-0854 Hondo	\$ 8,350.00	\$ 7,691.00	\$ (659.00)	206-0854-423-60-05
206-0855 La Puebla	\$ 8,697.00	\$ 8,248.00	\$ (449.00)	206-0854-423-60-05
206-0856 Pojoaque	\$ 8,800.00	\$ 7,900.00	\$ (900.00)	206-0856-423-60-05
206-0857 Stanley	\$ 5,416.00	\$ 5,168.00	\$ (248.00)	206-0857-423-30-03
206-0858 Tesuque	\$ 8,440.00	\$ 7,873.00	\$ (567.00)	206-0858-423-60-05
206-0859 Turquoise Trail	\$ 8,407.00	\$ 7,500.00	\$ (907.00)	206-0859-423-60-05
206-0860 La Cienega	\$ 10,279.00	\$ 9,196.00	\$ (1,083.00)	206-0860-423-60-03
206-0861 Madrid	\$ 5,400.00	\$ 5,300.00	\$ (100.00)	206-0861-423-60-05
206-0862 Glorieta	\$ 7,637.00	\$ 7,348.00	\$ (289.00)	206-0862-423-60-05
206-0863 Agua Fria	\$ 8,700.00	\$ 8,500.00	\$ (200.00)	206-0863-423-60-07
206-0864 Galisteo	\$ 5,306.00	\$ 5,061.00	\$ (245.00)	206-0864-423-60-05
206-0865 Rocky Mountain	\$ 11,524.00	\$ 10,311.00	\$ (1,213.00)	206-0865-423-35-01
206-0866 Superior Ambulance	\$ 10,434.00	\$ 8,820.00	\$ (1,614.00)	206-0866-423-35-01
Total	\$ 132,166.00	\$ 121,792.00	\$ (10,374.00)	