SANTA FE COUNTY

RESOLUTION 2016 - 133

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 13, 2016, did request the following budget adjustment:

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

Budget Adjustment Type: Budget Increase Fiscal Year: 2017 (July 1, 2016 - June 30, 2017)

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 Grants / DOH	217	
206	0852	371	05-00	State Grants / DOH	215	
206	0853	371	05-00	State Grants / DOH	442	
206	0854	371	05-00	State Grants / DOH	424	
TOTAL (if SUBTOTAL, check here X)					1,298	

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	217	
206	0852	423	60-05	Supplies / Non-Capital Med & Lab	215	
206	0853	423	60-05	Supplies / Non-Capital Med & Lab	442	
206	0854	423	60-07	Supplies / Operational Supplies	424	
206	0855	423	60-05	Supplies / Non-Capital Med & Lab	351	
TOTAL (if SUBTOTAL, check here X)					1,649	

Requesting Department Approval: _____ **Title:** Fire Chief **Date:** 11.22.16

Finance Department Approval: _____ **Date:** 12-1-16 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** 12.13.16 **Updated by:** _____ **Date:** _____

SANTA FE COUNTY

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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	0855	371	05-00	State Grants / DOH	351	
206	0856	371	05-00	State Grants / DOH		700
206	0857	371	05-00	State Grants / DOH	9	
206	0858	371	05-00	State Grants / DOH	308	
206	0859	371	05-00	State Grants / DOH	700	
206	0860	371	05-00	State Grants / DOH		1,918
206	0861	371	05-00	State Grants / DOH	16	
206	0862	371	05-00	State Grants / DOH	251	
206	0863	371	05-00	State Grants / DOH	500	
206	0864	371	05-00	State Grants / DOH	23	
206	0865	371	05-00	State Grants / DOH	2,660	
206	0866	371	05-00	State Grants / DOH	877	
TOTAL (if SUBTOTAL, check here)					6,993	2,618

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	30-03	Travel / In-State Travel		700
206	0857	423	80-99	Capital Purchases / Inventory Exempt	9	
206	0858	423	60-05	Supplies / Non-Capital Med & Lab	308	
206	0859	423	60-09	Supplies / Educational Supplies	700	
206	0860	423	20-10	Employee Benefits / Emp. Related Certs.		1,200
206	0860	423	70-33	Other Operating Costs / Seminars & Workshops		718
206	0861	423	60-05	Supplies / Non-Capital Med & Lab	16	
206	0862	423	60-05	Supplies/Non-Capital Med & Lab	251	
206	0863	423	60-05	Supplies / Non-Capital Med & Lab	500	
206	0864	423	60-05	Supplies/Non-Capital Med & Lab	23	
206	0865	423	35-01	Vehicles / Vehicle Fuel	2,660	
206	0866	423	35-01	Vehicles / Vehicle Fuel	877	
TOTAL (if SUBTOTAL, check here)					6,993	2,618

SANTA FE COUNTY

RESOLUTION 2016 -133

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 to increase the EMS Fund (206) FY-2017 to adjust the budget to the actual disbursement amount awarded in FY-2017 for each fire district.

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
80-99	Capital Purchases as needed for vehicle accessories and inventory exempt items	9

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

SANTA FE COUNTY

RESOLUTION 2016 - 133

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.

    EMS Fund Act

  - c) Is this request 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.

SANTA FE COUNTY

RESOLUTION 2016 - 133

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 13th Day of December, 2016.

Santa Fe Board of County Commissioners

Miguel Chavez, Chair

ATTEST:

Geraldine Salazar, County Clerk

COUNTY CLERK SANTA FE COUNTY NEW MEXICO GERALDINE SALAZAR

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 7

I Hereby Certify That This Instrument Was Filed for Record On The 14TH Day Of December, 2016 at 01:21:20 PM And Was Duly Recorded as Instrument # 1812098 Of The Records Of Santa Fe County

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

COUNTY CLERK GERALDINE SALAZAR SANTA FE COUNTY NEW MEXICO

SUSANA MARTINEZ, GOVERNOR

NEW MEXICO DEPARTMENT OF HEALTH

LYNN GALLAGHER, SECRETARY DESIGNATE

August 20, 2016

Santa Fe County
P 0 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 ***$126,167.00*** is authorized for disbursement on behalf of the following local recipient (s) in accordance with their approved applications:

Agua Fria -$9,000.00, Chimayo-$5,742.00, Edgewood-$9,865.00, El Dorado-$8,143.00, Gallisteo-$5,084.00, Glorieta-$7,599.00, Hondo-$8,115.00, La Cienega-$7,278.00, La Puebla-$8,599.00, Madrid-$5,316.00, Pojoaque-$7,200.00, Rocky Mountain EMS-SF-12,971.00, Stanley-$5,177.00, Tesuque-$8,181.00, Turquoise Trail-$8,200.00, Superior-SF-$9,697.00

These funds from the Local Funding Program of the EMS Fund Act for FY 17 (July 1, 2016 – June 30 ,2017) 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 FY16 EMS Fund Act Local Funding Award (July 1, 2015 – June 30, 2016). 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, 2016. 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

FY-2017 EMS FUND DISBURSEMENT ADJUSTMENTS

FIRE DISTRICT	COST CENTER	ORIGINAL BUDGET	FY-2017 FUND DISBURSEMENT	ADJUSTMENT
Chimayo	206-0851-423	5,525	5,742	217
Eldorado	206-0852-423	7,928	8,143	215
Edgewood	206-0853-423	9,423	9,865	442
Hondo	206-0854-423	7,691	8,115	424
La Puebla	206-0855-423	8,248	8,599	351
Pojoaque	206-0856-423	7,900	7,200	(700)
Stanley	206-0857-423	5,168	5,177	9
Tesuque	206-0858-423	7,873	8,181	308
Turquoise Trail	206-0859-423	7,500	8,200	700
La Cienega	206-0860-423	9,196	7,278	(1,918)
Madrid	206-0861-423	5,300	5,316	16
Glorieta	206-0862-423	7,348	7,599	251
Agua Fria	206-0863-423	8,500	9,000	500
Galisteo	206-0864-423	5,061	5,084	23
Rocky Mountain EMS	206-0865-423	10,311	12,971	2,660
Superior Ambulance	206-0866-423	8,820	9,697	877
	TOTALS	121,792	126,167	4,375