SANTA FE COUNTY

RESOLUTION 2017 - 38

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

Whereas, the Board of County Commissioners meeting in regular session on May 2, 2017, did request the following budget adjustment:

Department / Division: Fire Department/Fire Administration Fund Name: Fire 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	0863	385	02-00	Budgeted Cash / State Funds	2,932	
TOTAL (if SUBTOTAL, check here)					2,932	

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	0863	423	80-99	Capital Purchases / Inventory Exempt	2,932	
TOTAL (if SUBTOTAL, check here)					2,932	

Requesting Department Approval: _____ Title: Chief Date: 4-11-17

Finance Department Approval: Don Moya Date: 4/11/17 Entered by: _____ Date: _____

County Manager Approval: Katherine Miller Date: 5-2-17 Updated by: _____ Date: _____

SANTA FE COUNTY

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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 Agua Fria Fire District's EMS Fund (206) to carry forward available cash from FY-2016 to be expended in FY-2017 for the purchase of a Lifepak 1000. The State EMS Bureau has approved the cash carry forward and the approval letter is attached.

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	Lifepak 1000	2,932

- 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__
  - 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 award letter and proposed budget. **State DOH EMS Fund Distribution – Carry over approval letter 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. *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 2nd Day of May, 2017.

Santa Fe Board of County Commissioners

Henry P. Roybal, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

COUNTY CLERK SANTA FE COUNTY NEW MEXICO GERALDINE SALAZAR

BCC RESOLUTIONS
PAGES: 5

OUNTY OF SANTA FE)
TATE OF NEW MEXICO) ss

Hereby Certify That This Instrument Was Filed for
ecord On The 3RD Day Of May, 2017 at 09:55:36 AM
nd Was Duly Recorded as Instrument # 1824619
f The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Geraldine Salazar
eputy Laura Heinard 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

December 6, 2016

To: Santa Fe County – Agua Fria EMS

Fr: Ann Martinez, EMS Fund Act Coordinator

Re: EMS Fund Act FY16-17 - Carry Over

We have completed the evaluation of the carry-over requests. We regret the time this process took, and appreciate your patience.

The requests were evaluated based on the information sent to the EMS Bureau, by the Fiscal Agent and the service.

After reviewing your request to carry over **$3,001.00**, you have been approved to carry over an amount of **$2,932.52** of FY16 (July 1, 2015 - June 30, 2016) EMS Fund Act Monies into FY 17 (July 1, 2016 - June 30, 2017).

Unfortunately, there was not documentation to support the approval of the full requested carry-over from the service. The Purchase order was for the amount above and no other requests were made.

The remaining amount of $68.48 from *Santa Fe County – Agua Fria EMS* must be returned. Please remit this amount within 30 days from receipt of this notice to:

EMS Bureau
Attention Ann Martinez
1301 Siler Rd. Bldg. F
Santa Fe, New Mexico 87507

Please make the check payable to the NMDOH, and make the note "EMS Fund" in the comment line.

If you have any questions, please contact me at 505.476.8233, or via email at Ann.Martinez1@State.NM.US.

Respectfully,
Ann Martinez
Ann Martinez, FF-I / EMT-I
Fund Act Coordinator
EMS Bureau, DOH/ERD

xc: Kyle Thornton, EMS Bureau Chief
Santa Fe County Administration
Jerome Haskie, Region I
DFA