

**SANTA FE COUNTY
RESOLUTION 2018 - 7**

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 30, 2018, 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: 2018 (July 1, 2017 - June 30, 2018)

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		316
206	0852	371	05-00	State Grants / DOH		410
206	0853	371	05-00	State Grants / DOH		1,242
206	0854	371	05-00	State Grants / DOH		442
TOTAL (if SUBTOTAL, check here X)						2,410

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	20-10	Employee Benefits / Employee Related Certs		316
206	0852	423	20-10	Employee Benefits / Employee Related Certs		410
206	0853	423	60-05	Supplies / Non-Capital Med & Lab		1,242
206	0854	423	80-03	Capital Purchases / Equipment & Machinery		442
206	0855	423	20-10	Employee Benefits / Employee Related Certs		764
TOTAL (if SUBTOTAL, check here X)						3,174

Requesting Department Approval: [Signature] Title: Fire Chief Date: 1-2-18

Finance Department Approval: [Signature] Date: 1/10/18 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 1/30/18 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	0855	371	05-00	State Grants / DOH		764
206	0856	371	05-00	State Grants / DOH	800	
206	0857	371	05-00	State Grants / DOH		73
206	0858	371	05-00	State Grants / DOH		527
206	0859	371	05-00	State Grants / DOH	1,489	670
206	0860	371	05-00	State Grants / DOH		144
206	0861	371	05-00	State Grants / DOH		329
206	0862	371	05-00	State Grants / DOH		500
206	0863	371	05-00	State Grants / DOH		52
206	0864	371	05-00	State Grants / DOH		2,995
206	0865	371	05-00	State Grants / DOH		1,591
206	0866	371	05-00	State Grants / DOH		
TOTAL (if SUBTOTAL, check here)					2,289	10,055

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	800	
206	0857	423	80-99	Capital Purchases / Inventory Exempt		73
206	0858	423	60-05	Supplies / Non-Capital Med & Lab		527
206	0859	423	20-10	Employee Benefits / Employment Related Certs	1,489	670
206	0860	423	60-05	Supplies / Non Capital Med & Lab		144
206	0861	423	20-10	Employee Benefits / Employment Related Certs		329
206	0862	423	70-33	Other Operating Costs / Seminars & Workshops Travel / In State Travel		500
206	0863	423	30-03	Other Operating Costs / Seminars & Workshops		52
206	0864	423	70-33	Vehicles / Vehicle Fuel		2,995
206	0865	423	35-01	Vehicles / Vehicle Fuel		1,591
206	0866	423	35-01	Vehicles / Vehicle Fuel		
TOTAL (if SUBTOTAL, check here)					2,289	10,055

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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 to increase/decrease the EMS Fund (206) FY-2018 to adjust the budget to the actual disbursement amount awarded in FY-2018 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
80-03	Capital Purchases as needed for medical equipment	(-442)
80-99	Capital Purchases as needed for vehicle accessories and medical supplies that are inventory exempt items	(-73)

- 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 NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES X NO 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.
 - c) Is this request a result of Commission action? YES NO 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.

EMS Fund Act

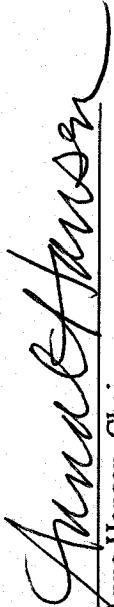
N/A

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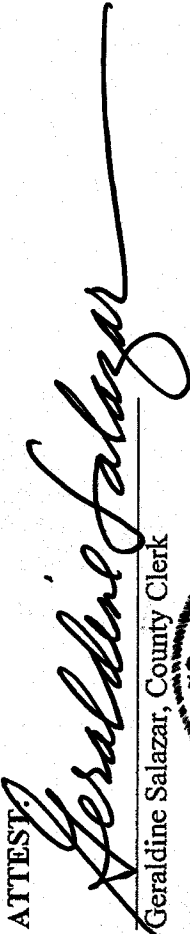
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of January, 2018.

Santa Fe Board of County Commissioners


Anna Hansen, Chair

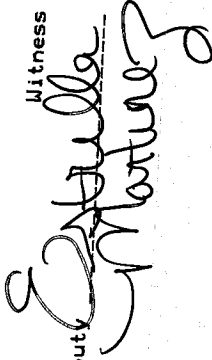
ATTEST.


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 31ST Day Of January, 2018 at 11:21:07 AM
And Was Duly Recorded as Instrument # 1848948
Of The Records Of Santa Fe County

BCC RESOLUTIONS
PAGES: 6

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



SUSANA MARTINEZ, GOVERNOR



LYNN GALLAGHER, CABINET SECRETARY

August 28, 2017

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 \$118,401.00 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-\$5,426.00, /Edgewood Fire-\$8,623.00, /El Dorado Fire-\$7,733.00, /Gallisteo Fire-\$5,032.00, /Glorieta Fire-\$7,270.00, /Hondo Fire-\$7,673.00, /La Cienega Fire-\$8,767.00, /La Puebla Fire-\$7,835.00, /Madrid Fire-\$5,172.00, /Pojoaque Fire-\$8,000.00, /Rocky Mountain-SF-\$9,976.00, /Stanley Fire-\$5,104.00, /Tesuque Fire-\$7,654.00, /Turquoise Trail Fire-\$7,530.00, /Superior-SF-\$8,106.00

These funds from the Local Funding Program of the EMS Fund Act for FY 18 (July 1, 2017 – June 30, 2018) 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 FY17 EMS Fund Act Local Funding Award (July 1, 2016 – June 30, 2017). If you administer funds for more than one (1) Local recipient, please submit a report for each.

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 (EMS) BUREAU
1301 Siler Road, Building F • Santa Fe, New Mexico • 87507
(505) 476-8200 • FAX: (505) 471-2122 www.nmems.org



SFC CLERK RECORDED 01/31/2018