SANTA FE COUNTY

RESOLUTION 2019 - 119

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

Whereas, the Board of County Commissioners meeting in regular session on October 8, 2019, 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: 2020 (July 1, 2019 - June 30, 2020)

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		354
206	0853	371	05-00	State Grants / DOH		585
206	0854	371	05-00	State Grants / DOH		164
206	0855	371	05-00	State Grants / DOH		168
TOTAL (if SUBTOTAL, check here X)						1,271

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		354
206	0853	423	70-33	Other Operating Costs / Seminars & Workshops		585
206	0854	423	80-17	Capital Purchases / Medical Dental Equipment		164
206	0855	423	60-05	Supplies / Non-Capital Med & Lab		168
206	0856	423	60-05	Supplies / Non-Capital Med & Lab	100	
TOTAL (if SUBTOTAL, check here X)					100	1,271

Requesting Department Approval: _____ **Title:** Fire Chief **Date:** 9/20/19

Finance Department Approval: _____ **Date:** 9/26/19 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** 10/8/19 **Updated by:** _____ **Date:** _____

SFC CLERK RECORDED 10/10/2019

SANTA FE COUNTY

RESOLUTION 2019 - 119

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	0856	371	05-00	State Grants / DOH	100	
206	0857	371	05-00	State Grants / DOH		46
206	0858	371	05-00	State Grants / DOH		215
206	0859	371	05-00	State Grants / DOH		359
206	0860	371	05-00	State Grants / DOH		907
206	0861	371	05-00	State Grants / DOH		72
206	0862	371	05-00	State Grants / DOH		113
206	0863	371	05-00	State Grants / DOH		578
206	0864	371	05-00	State Grants / DOH		58
TOTAL (if SUBTOTAL, check here ____)					100	3,619

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	0857	423	60-05	Supplies / Non Capital Med & Lab		46
206	0858	423	60-05	Supplies / Non-Capital Med & Lab		215
206	0859	423	60-07	Supplies / Operational Supplies		359
206	0860	423	60-05	Supplies / Non-Capital Med & Lab		907
206	0861	423	60-09	Supplies / Educational Supplies		72
206	0862	423	70-33	Other Operating Costs / Seminars & Workshops		113
206	0863	423	60-05	Supplies / Non-Capital Med & Lab		578
206	0864	423	60-09	Supplies / Educational Supplies		58
TOTAL (if SUBTOTAL, check here ____)					100	3,619

SANTA FE COUNTY

RESOLUTION 2019 - 119

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-2020 to adjust the budget to the actual disbursement amount awarded in FY-2020 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
80-17	Capital Purchases / Medical / Dental (LifePak Cardiac Defibrillator)	(164)

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

SANTA FE COUNTY

RESOLUTION 2019 - 119

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.

    N/A

SANTA FE COUNTY

RESOLUTION 2019 - 119

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 October, 2019.

Santa Fe Board of County Commissioners

Anna T. Hamilton, Chair

ATTESTED

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 10TH Day Of October, 2019 at 11:44:00 AM And Was Duly Recorded as Instrument # 1899006 Of The Records Of Santa Fe County

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

Deputy Estrella Martinez

SFC CLERK RECORDED 10/10/2019

FY 2020 EMS FUND ACT DISTRIBUTION - ACTUALS

FIRE DISTRICT 206 COST CENTER	FY-2020 ORIGINAL BUDGET	FY-2020 EMS FUND ACT DISTRIBUTION	FY-2020 206 FUND BAR REQUEST
Chimayo Fire District 206-0851-423	5,754	5,400	(354)
Eldorado Fire District 206-0852-423	8,181	8,181	0
Edgewood Fire District 206-0853-423	9,584	8,999	(585)
Hondo Fire District 206-0854-423	8,080	7,916	(164)
La Puebla Fire District 206-0855-423	8,396	8,228	(168)
Pojoaque Fire District 206-0856-423	7,900	8,000	100
Stanley Fire District 206-0857-423	5,232	5,186	(46)
Tesuque Fire District 206-0858-423	7,860	7,645	(215)
Turquoise Trail Fire District 206-0859-423	7,960	7,601	(359)
La Cienega Fire District 206-0860-423	9,856	8,949	(907)
Madrid Fire District 206-0861-423	5,185	5,113	(72)
Glorieta Fire District 206-0862-423	7,400	7,287	(113)
Agua Fria Fire District 206-0863-423	9,894	9,316	(578)
Galisteo Fire District 206-0864-423	5,076	5,018	(58)
TOTALS	106,358	102,839	(3,519)

MICHELLE LUJAN GRISHAM
GOVERNOR

NEW MEXICO
DEPARTMENT OF
HEALTH

KATHYLEEN M. KUNKEL
CABINET SECRETARY

August 12, 2019

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 **$102,839.00** is authorized for disbursement on behalf of the following local recipient (s) in accordance with their approved applications:

Agua Fria $9,316.00, Chimayo Fire $5,400.00, Edgewood Fire $8,999.00, El Dorado Fire $8,181.00, Galisteo Fire $5,018.00, Glorieta Pass Fire $7,287.00, Hondo Fire $7,916.00, La Cienega Fire $8,949.00, La Puebla Fire $8,228.00, Madrid Fire $5,113.00,Pojoaque Fire $8,000.00, Stanley Fire $5,186.00, Tesuque Fire $7,645.00, Turquoise Trail Fire $7,601.00

These funds from the Local Funding Program of the EMS Fund Act for FY 20 (July 1,2019 – June 30,2020) 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 FY19 EMS Fund Act Local Funding Award (July 1, 2018 – June 30, 2019). 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

SFC CLERK RECORDED 10/10/2019

EPIDEMIOLOGY AND RESPONSE EMERGENCY MEDICAL SYSTEMS BUREAU
1301 Siler Rd Bldg F • Santa Fe, New Mexico • 87507
(505) 476-8200 • FAX: (505) 471-2122 • www.nmems.org

STATE OF NEW MEXICO
DEPARTMENT OF HEALTH
1190 St Francis Dr.
Santa Fe, NM 87502-6110

ACH Remittance Advice

State of New Mexico
Department of Finance & Administration

SANTA FE COUNTY
FINANCE DIVISION/ACCOUNTS RECEIVABLE
P O BOX 276
SANTA FE, NM 87504-0276
United States

Date	Payment Amount	Reference
Aug/12/2019	$102,839.00	3000827958

DFI ID:101100621 Bank Account: ******1153

NON-NEGOTIABLE

Business Unit : 66500 Payment Date: 08/12/2019 Reference: 3000827958

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discounts	Late Charges	Paid Amount
20190716EMSFUNDACTSantaFe	Jul/16/2019	00561557	102,839.00	0.00	0.00	102,839.00
EMS Fund Act Distribution FY2020 Local System Funding-SantaFe County						

SFC CLERK RECORDED 10/10/2019

Supplier Number	Name	Bank Charge	Transfer Cost C
0000054297	SANTA FE COUNTY	$0.00	

Reference	Date	Total Gross Amt	Total Discounts	Total Late Charges	Total Paid Am
3000827958	Aug/12/2019	$102,839.00	$0.00	$0.00	$102,839.0