

SANTA FE COUNTY
RESOLUTION 2023- 049

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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 30, 2023, did request the following budget adjustment:

Department / Division

Public Safety/Fire Department

Budget Adjustment Type (drop down):

Other

Fiscal Year: 2023 (July 1, 2022 - June 30, 2023)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
206	0851	371	05-00	New Mexico Department of Health	\$ 102	
206	0852	371	05-00	New Mexico Department of Health	387	
206	0853	371	05-00	New Mexico Department of Health	2,978	
206	0854	371	05-00	New Mexico Department of Health	433	
206	0855	371	05-00	New Mexico Department of Health	464	
Subtotal from First Page					\$ 4,364	\$ -

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
206	0851	423	60-05	Non-Capital Medical and Lab Supplies	\$ 102	
206	0852	423	60-05	Non-Capital Medical and Lab Supplies	187	
206	0852	423	60-09	Educational Supplies	200	
206	0853	423	60-05	Non-Capital Medical and Lab Supplies	2,978	
206	0854	423	80-99	Inventory Exempt	433	
206	0855	423	60-05	Non-Capital Medical and Lab Supplies	464	
Subtotal from First Page					\$ 4,364	\$ -

Requesting Department Approval: Maricela Martinez Title: Operations Manager

Date: 04/21/2023 Log # 676

Capital/Grants Approval: Samuel L Montoya Date: 5/8/2023

Budget Administrator: Yom Sken

Finance Dept Approval: Yom Sken Date: 5/8/2023

Entered by: _____ Date: _____

County Mgr Approval: [Signature] Date: 5/30/2023

Updated by: _____ Date: _____

SFC CLERK RECORDED 06/06/2023

**SANTA FE COUNTY
RESOLUTION 2023-049**

BUDGET ADJUSTMENT REQUEST FORM

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Fiscal Year 2023 (July 1, 2022 Through June 30, 2023)

CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
206	0856	371	05-00	New Mexico Department of Health	\$ 900	
206	0857	371	05-00	New Mexico Department of Health	29	
206	0858	371	05-00	New Mexico Department of Health	532	
206	0859	371	05-00	New Mexico Department of Health		\$ 64
206	0860	371	05-00	New Mexico Department of Health		2,158
206	0861	371	05-00	New Mexico Department of Health		19
206	0862	371	05-00	New Mexico Department of Health		211
206	0863	371	05-00	New Mexico Department of Health	5,985	
206	0864	371	05-00	New Mexico Department of Health	7	
Subtotal from Second Page					\$ 7,453	\$ 2,452

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
206	0856	423	60-05	Non-Capital Medical and Lab Supplies	\$ 900	
206	0857	423	20-10	Employment-Related Certification	29	
206	0858	423	60-05	Non-Capital Medical and Lab Supplies	532	
206	0859	423	60-05	Non-Capital Medical and Lab Supplies		\$ 64
206	0860	423	60-05	Non-Capital Medical and Lab Supplies		2,158
206	0861	423	60-05	Non-Capital Medical and Lab Supplies		19
206	0862	423	40-02	Maintenance Equipment		211
206	0863	423	60-05	Non-Capital Medical and Lab Supplies	5,985	
206	0864	482	80-03	Equipment and Machinery	7	
Subtotal from Second Page					\$ 7,453	\$ 2,452

SFC CLERK RECORDED 06/06/2023

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BUDGET ADJUSTMENT REQUEST FORM

Fiscal Year 2023 (July 1, 2022 Through June 30, 2023)

CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
Subtotal from Third Page				\$ -	\$ -	\$ -

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
206	0854	423	40-02	Maintenance Equipment		\$ 1,000
206	0854	423	60-05	Non-Capital Medical and Lab supplies	\$ 1,000	
206	0857	423	40-02	Maintenance Equipment		377
206	0857	423	60-05	Non-Capital Medical and Lab Supplies		510
206	0857	423	20-10	Employment Related Certifications	887	
206	0860	423	40-02	Maintenance Equipment		250
206	0860	423	60-05	Non-Capital Medical and Lab Supplies		3,893
206	0860	423	20-10	Employment Related Certifications	2,879	
206	0860	423	60-09	Educational Supplies	600	
206	0860	423	60-07	Operational Supplies	664	
206	0862	423	30-03	In - State travel		585
206	0862	423	40-02	Maintenance Equipment		920
206	0862	423	60-05	Non-Capital Medical and Lab Supplies		1,375
206	0862	423	20-10	Employment Related Certifications	2,560	
206	0862	423	60-09	Educational Supplies	320	
Subtotal from Third Page				\$ 8,910	\$ 8,910	\$ 8,910

SFC CLERK RECORDED 06/06/2023

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BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
Subtotal from Third Page				\$ - \$	- \$	- \$
Total of All Pages				\$ 11,817 \$	11,817 \$	2,452 \$

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT/ DIVISION	ACTIVITY BASIC/SUB	ELEMENT/ OBJECT	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
XXX	XXXX	XXX	XXXX			
206	0860	423	60-05	Non-Capital Medical and Lab supplies		\$ 621
206	0860	423	60-09	Educational Supplies	\$ 621	
206	0864	423	20-10	Employment-Related Certification		1,650
206	0864	423	30-08	Employee Dues		40
206	0864	423	40-02	Maintenance Equipment		754
206	0864	423	60-05	Non-Capital Medical and Lab supplies		1,324
206	0864	482	80-03	Equipment and Machinery	3,768	
Subtotal from Third Page					\$ 4,389	\$ 4,389
Total of All Pages					\$ 25,116	\$ 15,751

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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 in the area below. Each fiscal year Santa Fe County receives funds from the Emergency Medical Services (EMS) Fund Act, 7.27.4 NMAC. The actual authorized disbursement amounts are not received from the New Mexico Department of Health EMS Bureau until the month of August. For the fiscal year's budget preparation, the Santa Fe County Fire uses the prior fiscal year's disbursement as the basis for budgeting revenue for each fire district. This resolution will adjust the budget for the Emergency Medical Services Fund (206) to reflect the actual awarded disbursement amount for FY2023 by district.			
2	Is this Budget Action for a Recurring or Non Recurring Expense(one-time)	Recurring X	Non-Recurring	
3	Does this request impact a revenue source?	Yes	No	
			X	
	A. Is this a State Special Appropriation? If Yes, cite Statute and attach a copy			X
	B. Does this include state or federal funds? 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. Emergency Medical Services Fund Act 7.27.4 NMAC	X		
	C. Is this request a result of Commission action? If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.)			X
	D. Is a match required? If Yes, please identify funding source in the line below.			X

PLEASE PROVIDE THE LINE ITEM OF THE MATCH BELOW

FUND	DEPARTMENT	ACTIVITY	ELEMENT	CATEGORY/LINE ITEM	AMOUNT	BUDGETED (Drop Down)

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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 May, 2023.

Santa Fe Board of County Commissioners

Anna Hansen
Anna Hansen, Chairperson

ATTEST:

Katharine E. Clark

Katharine E. Clark, County Clerk

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 6TH Day Of June, 2023 at 08:11:35 AM
And Was Duly Recorded as Instrument # **2013263**
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office

Deputy Dany Romero Katharine E. Clark
County Clerk, Santa Fe, NM



SFC CLERK RECORDED 06/06/2023

District	FY23 Budgeted Revenue	FY23 Allotment	Difference
Chimayo	\$ 5,398	\$ 5,500	\$ 102
Eldorado	\$ 8,331	\$ 8,718	\$ 387
Edgewood	\$ 7,022	\$ 10,000	\$ 2,978
Hondo	\$ 8,079	\$ 8,512	\$ 433
La Puebla	\$ 7,810	\$ 8,274	\$ 464
Pojoaque	\$ 9,100	\$ 10,000	\$ 900
Stanley	\$ 5,222	\$ 5,251	\$ 29
Tesuque	\$ 7,769	\$ 8,301	\$ 532
Turquoise Trail	\$ 5,780	\$ 5,716	\$ (64)
La Cienega	\$ 10,658	\$ 8,500	\$ (2,158)
Madrid	\$ 5,153	\$ 5,134	\$ (19)
Glorieta	\$ 7,311	\$ 7,100	\$ (211)
Agua Fria	\$ 3,478	\$ 9,463	\$ 5,985
Galisteo	\$ 5,095	\$ 5,102	\$ 7

\$ 9,365.00

SFC CLERK RECORDED 06/06/2023