

SANTA FE COUNTY
RESOLUTION 2023-109

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 31, 2023, did request the following budget adjustment:

Department / Division: Public Safety/Fire Fiscal Year: 2024 (July 1, 2023 - June 30, 2024)
 Budget Adjustment Type (drop down): Other

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	0500	New Mexico Department of Health		\$ 137
206	0852	371	0500	New Mexico Department of Health		437
206	0853	371	0500	New Mexico Department of Health	206	
206	0854	371	0500	New Mexico Department of Health		332
206	0855	371	0500	New Mexico Department of Health		2,274
Subtotal from First Page					\$ 206	\$ 3,180

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	8003	Equipment & Machinery		\$ 137
206	0852	423	4002	Maintenance Equipment		437
206	0853	423	6005	Non-Capital Medical and Lab Supplies	206	
206	0854	423	6005	Non-Capital Medical and Lab Supplies		332
206	0855	423	6005	Non-Capital Medical and Lab Supplies		2,274
Subtotal from First Page					\$ 206	\$ 3,180

Requesting Department Approval: Jacob Black Title: Fire Chief Date: 10/17/2023 Log # 4

Capital/Grants Approval: [Signature] Date: 10/24/2023 Budget Administrator: [Signature]

Finance Dept Approval: [Signature] Date: 10/22/2023 Entered by: _____ Date: _____

County Mgr Approval: [Signature] Date: 10/22/2023 Updated by: [Signature] Date: _____

RECORDED 12/06/2023
 10/22/2023

SFC CLERK

**SANTA FE COUNTY
RESOLUTION 2023- 109
BUDGET ADJUSTMENT REQUEST FORM**

**Fiscal Year 2024 (July 1, 2023 Through June 30, 2024)
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	0500	New Mexico Department of Health		\$ 279
206	0857	371	0500	New Mexico Department of Health		12
206	0858	371	0500	New Mexico Department of Health		266
206	0859	371	0500	New Mexico Department of Health	2,175	
206	0860	371	0500	New Mexico Department of Health	945	
206	0861	371	0500	New Mexico Department of Health		134
206	0862	371	0500	New Mexico Department of Health		1,704
206	0863	371	0500	New Mexico Department of Health		483
206	0864	371	0500	New Mexico Department of Health		102
Subtotal from Second Page					\$ 3,120	\$ 2,980
Total of All Pages					\$ 3,326	\$ 6,160

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	6005	Non-Capital Medical and Lab Supplies		\$ 279
206	0857	423	6005	Non-Capital Medical and Lab Supplies		12
206	0858	423	2010	Employment Related Certifications		266
206	0859	423	6005	Non-Capital Medical and Lab Supplies	2,175	
206	0860	423	6005	Non-Capital Medical and Lab Supplies	945	
206	0861	423	2010	Employment Related Certifications		134
206	0862	423	2010	Employment Related Certifications		1,000
206	0862	423	3003	In-State Travel		704
206	0863	423	4002	Maintenance Equipment		483
206	0864	423	2010	Employment Related Certifications		102
Subtotal from Second Page					\$ 3,120	\$ 2,980
Total of All Pages					\$ 3,326	\$ 6,160

CLERK RECORDED 17/06/2023

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RESOLUTION 2023- 109**

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, 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 FY2024 by district.	Recurring		Non-Recurring
2	Is this Budget Action for a Recurring or Non Recurring Expense(one-time)	X		

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
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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. <u>Emergency Medical Services Fund Act 7.27.4 NMAC</u>	X	
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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
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D.	Is a match required? If Yes, please identify funding source in the line below.			X
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PLEASE PROVIDE THE LINE ITEM OF THE MATCH BELOW

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

SANTA FE COUNTY
RESOLUTION 2023- 109

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government

Approved, Adopted, and Passed This 31st Day of October, 2023.

Santa Fe Board of County Commissioners

Anna C. Hansen

Anna C. Hansen, Chairperson

ATTEST:

Katharine E. Clark

Katharine E. Clark, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 4

I Hereby Certify That This Instrument Was Filed for
Record On The 6TH Day Of December, 2023 at 02:28:47 PM
And Was Duly Recorded as Instrument # 2024551
Of The Records Of Santa Fe County

Deputy Katharine E. Clark Witness My Hand And Seal Of Office
320819023 County Clerk, Santa Fe, NM

