

SANTA FE COUNTY
RESOLUTION 2026 - 130

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

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

Department / Division _____ Public Safety / Fire
Budget Adjustment Type (drop down): _____ Other _____ Fiscal Year: 2027 (July 1, 2026 - June 30, 2027)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND	DEPARTMENT/ DIVISION	ACTIVITY BASIC/SUB	ELEMENT/ OBJECT	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
206	0851	371	05-00	Chimayo - State/ NM Department of Health	\$ 19,800	
206	0852	371	05-00	El Dorado - State / NM Department of Health	6,800	
206	0853	371	05-00	Edgewood - State / NM Department of Health	27,900	
206	0854	371	05-00	Hondo - State / NM Department of Health		11,900
206	0855	371	05-00	La Puebla - State / NM Department of Health	18,300	
Subtotal from First Page					\$ 72,800	\$ 11,900

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND	DEPARTMENT/ DIVISION	ACTIVITY BASIC/SUB	ELEMENT/ OBJECT	LINE DESCRIPTION	INCREASE AMOUNT	DECREASE AMOUNT
206	0851	423	60-05	Chimayo - Non Capital Med Supplies	\$ 2,200	
206	0851	423	80-17	Chimayo - Capital Medical Dental	17,600	
206	0852	423	60-05	El Dorado - Non Capital Med and Lab Supplies	6,800	
206	0853	423	80-17	Edgewood - Capital Medical Dental	27,900	
206	0854	423	80-99	Hondo - Capital Inventory Exempt		2,700
206	0854	482	80-17	Hondo - Medical/Dental Equipment		9,200
206	0855	423	80-99	La Puebla - Capital Inventory Exempt	9,150	
206	0855	482	80-17	La Puebla - Medical/Dental Equipment	9,150	
Subtotal from First Page					\$ 72,800	\$ 11,900

Requesting Department Approval: _____ Title: PSD ASD Director _____ Date: 9/17/2026 _____ Log # 5
Capital/Grants Approval: _____ Date: 9/30/2026
Finance Dept Approval: _____ Date: 9/30/2026
County Mgr Approval: _____ Date: _____
Budget Administrator: _____ Date: _____
Entered by: _____ Date: _____
Updated by: _____ Date: _____

SANTA FE COUNTY
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BUDGET ADJUSTMENT REQUEST FORM

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Fiscal Year 2027 (July 1, 2026 Through June 30, 2027)

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	Pojoaque - State / NM Department of Health	\$ 29,700	
206	0857	371	05-00	Stanley - State / NM Department of Health	19,800	
206	0858	371	05-00	Tesuque - State / NM Department of Health		600
206	0859	371	05-00	Turquoise Trail - State / NM Department of Health	13,000	
206	0860	371	05-00	La Cienega - State / NM Department of Health	8,050	
206	0861	371	05-00	Madrid - State / NM Department of Health		6,600
206	0862	371	05-00	Glorieta - State / NM Department of Health	13,200	
Subtotal from Second Page					\$ 83,750	\$ 7,200

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	40-09	Pojoaque - Maintenance Services	\$ 3,700	
206	0856	423	80-17	Pojoaque - Medical/ Dental Equipment	26,000	
206	0857	482	80-17	Stanley - Capital Medical/Dental Equipment	19,800	
206	0858	423	80-99	Tesuque - Capital Inventory Exempt		600
206	0859	482	80-17	Turquoise Trail - Capital Medical/Dental Equipment	13,000	
206	0860	423	20-93	La Cienega - Uniform Expense	1,400	
206	0860	423	40-09	La Cienega- Maintenance Services	5,045	
206	0860	423	60-05	La Cienega - Non Capital Medical & Lab Supplies	1,605	
206	0861	423	20-93	Madrid - Uniforms Expense		2,000
206	0861	423	60-05	Madrid - Non Capital Med and Lab Supplies		700
206	0861	423	80-99	Madrid - Capital Inventory Exempt		3,900
206	0862	482	40-09	Glorieta - Maintenance Services	5,200	
206	0862	423	80-17	Glorieta Capital Medical/Dental Equipment	8,000	
Subtotal from Second Page					\$ 83,750	\$ 7,200

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BUDGET ADJUSTMENT REQUEST FORM

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Fiscal Year 2027 (July 1, 2026 Through June 30, 2027)

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	0863	371	05-00	Agua Fria - State / Nm Department of Health	\$ 7,830	
206	0864	371	05-00	Galisteo - State / NM Department of Health	6,500	
Subtotal from Third Page					\$ 14,330	\$ -
Total of All Pages					\$ 170,880	\$ 19,100

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	0863	423	60-05	Agua Fria - Non Capital Med and Lab Supplies	\$ 2,075	
206	0863	482	80-99	Agua Fria - Capital Medical & Lab Supplies	5,755	
206	0864	423	60-05	Galisteo - Non Capital Med and Lab Supplies	200	
206	0864	482	8017	Galisteo- Capital Inventory Exempt	6,300	
Subtotal from Third Page					\$ 14,330	\$ -
Total of All Pages					\$ 170,880	\$ 19,100

SEC CLERK RECORDED 10/11/2026

SANTA FE COUNTY
RESOLUTION 2026 - 130

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 FY2027 by district. Madrid Fire District will be purchasing a CR2 AED and Galisteo will be purchasing REX-ONE Rapid Extrication System and Evac-U-Splint.			
2	Is this Budget Action for a Recurring or Non Recurring Expense(one-time)		Recurring	Non-Recurring
			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
	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.			
			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)

SANTA FE COUNTY

RESOLUTION 2026 - 130

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

Approved, Adopted, and Passed This 13th **Day of** October, **2026.**

Santa Fe Board of County Commissioners

Justin Greene, Chairperson

ATTEST:

Katharine E. Clark, County Clerk

COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) PAGES: 7

Hereby Certify That This Instrument Was Filed for
Record On The 14TH Day Of October, 2026 at 02:28:28 PM
and Was Duly Recorded as Instrument # 2093624
of The Records Of Santa Fe County

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



SFC CLERK RECORDED 10/14/2026



August 27, 2026

Santa Fe County

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 **\$364,100.00** is authorized for disbursement on behalf of the following local recipient (s) in accordance with their approved applications:

<i>Chimayo Fire District \$29,800.00</i>	<i>Chimayo Fire District \$29,800.00</i>
<i>El Dorado Fire District \$16,800.00</i>	<i>El Dorado Fire District \$16,800.00</i>
<i>Glorieta Pass Fire District \$21,200.00</i>	<i>Glorieta Pass Fire District \$21,200.00</i>
<i>La Cienega Fire District \$27,500.00</i>	<i>La Cienega Fire District \$27,500.00</i>
<i>Madrid Fire District \$8,900.00</i>	<i>Madrid Fire District \$8,900.00</i>
<i>Stanley Fire District \$34,800.00</i>	<i>Stanley Fire District \$34,800.00</i>
<i>Turquoise Trail Fire District \$35,000.00</i>	<i>Turquoise Trail Fire District \$35,000.00</i>

These funds from the Local Funding Program of the EMS Fund Act for FY 27 (July 1, 2026 - June 30, 2027) 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 a report of expenditures report for FY26 EMS Fund Act Local Funding Award (July 1, 2026 - June 30, 2026). If you administer funds for more than one (1) Local Government, please submit a report for each.

If you have any questions, please contact me at (505) 476-8233 or by e-mail at rachel.marquez@doh.nm.gov

Sincerely,
Rachel Marquez
EMS Fund Act Coordinator

Fund/Cost Center/line item		FY27 Budgeted		FY27 Allotment		Special Grant
District		Revenue				
Chimayo	206-0851	\$	10,000.00	\$	29,800.00	\$
Eldorado	206-0852	\$	10,000.00	\$	16,800.00	\$
Edgewood	206-0853	\$	20,000.00	\$	47,900.00	\$
Hondo	206-0854	\$	24,000.00	\$	12,100.00	\$
La Puebla	206-0855	\$	15,000.00	\$	33,300.00	\$
Stanley	206-0857	\$	15,000.00	\$	34,800.00	\$
Turquoise Trail	206-0859	\$	22,000.00	\$	35,000.00	\$
Madrid	206-0861	\$	15,500.00	\$		\$
Glorieta	206-0862	\$	8,000.00	\$		\$
Agua Fria	206-0863	\$	14,870.00	\$	22,700.00	\$
Galisteo	206-0864	\$	7,500.00	\$	14,900.00	