

SANTA FE COUNTY

RESOLUTION 2018 - 116

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

Whereas, the Board of County Commissioners meeting in regular session on November 13, 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: 2019 (July 1, 2018 - June 30, 2019)

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	328	
206	0852	371	05-00	State Grants / DOH	448	
206	0853	371	05-00	State Grants / DOH	961	
206	0854	371	05-00	State Grants / DOH	407	
TOTAL (if SUBTOTAL, check here X)					2,144	

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	328	
206	0852	423	60-05	Supplies / Non-Capital Med & Lab	448	
206	0853	423	80-99	Capital Purchases / Inventory Exempt	961	
206	0854	423	60-05	Supplies / Non-Capital Med & Lab	407	
206	0855	423	60-03	Supplies / Uniform Expenses	561	
TOTAL (if SUBTOTAL, check here X)					2,705	

Requesting Department Approval: [Signature] Title: Fire Chief Date: 10.24.18

Finance Department Approval: [Signature] Date: 10/25/18 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 11.13.18 Updated by: _____ Date: _____

SFC CLERK RECORDED 11/14/2018

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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	561	100
206	0856	371	05-00	State Grants / DOH		
206	0857	371	05-00	State Grants / DOH	128	
206	0858	371	05-00	State Grants / DOH	206	
206	0859	371	05-00	State Grants / DOH	430	
206	0860	371	05-00	State Grants / DOH	1,089	
206	0861	371	05-00	State Grants / DOH	13	
206	0862	371	05-00	State Grants / DOH	130	
206	0863	371	05-00	State Grants / DOH	1,394	
206	0864	371	05-00	State Grants / DOH	44	
206	0865	371	05-00	State Grants / DOH		9,976
206	0866	371	05-00	State Grants / DOH		8,106
TOTAL (if SUBTOTAL, check here)					6,139	18,182

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		100
206	0857	423	60-03	Supplies / Uniform Expenses	128	
206	0858	423	60-05	Supplies / Non-Capital Med & Lab	206	
206	0859	423	60-05	Supplies / Non-Capital Med & Lab	430	
206	0860	423	60-05	Supplies / Non-Capital Med & Lab	1,089	
206	0861	423	60-05	Supplies / Non-Capital Med & Lab	13	
206	0862	423	60-05	Supplies / Non-Capital Med & Lab	130	
206	0863	423	60-05	Supplies / Non-Capital Med & Lab	1,394	
206	0864	423	60-05	Supplies / Non-Capital Med & Lab	44	
206	0865	423	35-01	Vehicles / Vehicle Fuel		9,976
206	0866	423	35-01	Vehicles / Vehicle Fuel		8,106
TOTAL (if SUBTOTAL, check here)					6,139	18,182

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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-2019 to adjust the budget to the actual disbursement amount awarded in FY-2019 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
80-99	Capital Purchases as needed for medical supplies that are inventory exempt items	961

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

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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.):

- 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.

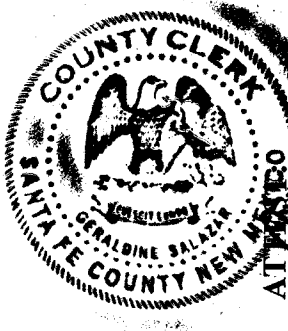
N/A

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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 13th Day of November, 2018.



Santa Fe Board of County Commissioners

Ann Hansen
Ann Hansen, Chair

Geraldine Salazar
Geraldine Salazar, County Clerk

BCC RESOLUTIONS
PAGES: 6

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 14TH Day Of November, 2018 at 02:42:28 PM And Was Duly Recorded as Instrument # 1872682 Of The Records Of Santa Fe County

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

Geraldine Salazar
M. Montoya



August 20, 2018

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 **\$106,358.00** is authorized for disbursement on behalf of the following local recipient (s) in accordance with their approved applications:

Agua Fria \$9,894 Chimayo Fire \$5,754 Edgewood Fire \$9,584 El Dorado Fire \$8,181 Gallisteo Fire \$5,076 Glorieta Pass \$7,400 Hondo Fire \$8,080 La Cienega \$9,856 La Puebla \$8,396 Madrid Fire \$5,185 Pojoaque Fire \$7,900 Stanley Fire \$5,232 Tesuque Fire \$7,860 Turquoise Trail \$7,960

These funds from the Local Funding Program of the EMS Fund Act for FY 19 (July 1, 2018 – June 30, 2019) 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 FY18 EMS Fund Act Local Funding Award (July 1, 2017 – June 30, 2018). If you administer funds for more than one (1) Local recipient, please submit a report for each service.

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 11/14/2018