

SANTA FE COUNTY

RESOLUTION 2000 - 82

1790532

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

Whereas, the Board of County Commissioners meeting in regular session on July 25th, 2000 did request the following budget adjustment:

Department / Division: Fire Department / EMS Districts Fund Name: EMS Districts

Budget Adjustment Type: Increase Fiscal Year: 2001 (July 1, 2000 - June 30, 2001)

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 / Emergency Med Svcs (DOH)		285
206	0853	371	05-00	State Grants / Emergency Med Svcs (DOH)		298
206	0854	371	05-00	State Grants / Emergency Med Svcs (DOH)	234	
206	0855	371	05-00	State Grants / Emergency Med Svcs (DOH)		144
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					234	727

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 Medical & Lab		285
206	0853	423	60-07	Supplies / Office		298
206	0854	423	60-05	Supplies / Non-Capital Medical & Lab	234	
206	0855	423	60-05	Supplies / Non-Capital Medical & Lab		144
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					234	727

Requesting Department Approval: Stan Holder Title: Chief, Santa Fe County Fire Dept. Date: 7/14/00

Finance Department Approval: Karen Miller Date: 7/19/00 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 7-25-00

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

1790533

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 / Emergency Med Svcs (DOH)	1,725	
206	0858	371	05-00	State Grants / Emergency Med Svcs (DOH)		122
206	0859	371	05-00	State Grants / Emergency Med Svcs (DOH)		547
206	0860	371	05-00	State Grants / Emergency Med Svcs (DOH)		190
206	0861	371	05-00	State Grants / Emergency Med Svcs (DOH)	700	
206	0862	371	05-00	State Grants / Emergency Med Svcs (DOH)	226	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					2,885	1,586

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 Medical & Lab	1,725	
206	0858	423	60-05	Supplies / Non-Capital Medical & Lab		122
206	0859	423	60-01	Supplies / Inventory Exempt		547
206	0860	423	60-05	Supplies / Non-Capital Medical & Lab		190
206	0861	423	60-05	Supplies / Non-Capital Medical & Lab	700	
206	0862	423	60-05	Supplies / Non-Capital Medical & Lab	226	
206	0863	423	60-02	Supplies / Safety Equipment		555
206	0864	423	60-02	Supplies / Safety Equipment	2,022	
206	0865	423	30-05	Travel / Gas & Oil		382
206	0852	423	60-05	Supplies / Non-Capital Medical & Lab		16
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					4,907	2,539

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

1790534

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	0863	371	05-00	State Grants / Emergency Med Svcs (DOH)		555
206	0864	371	05-00	State Grants / Emergency Med Svcs (DOH)	2,022	
206	0865	371	05-00	State Grants / Emergency Med Svcs (DOH)		382
206	0852	371	05-00	State Grants / Emergency Med Svcs (DOH)		16
TOTAL (if SUBTOTAL, check here _____)					4,907	2,539

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
TOTAL (if SUBTOTAL, check here _____)					4,907	2,539

SANTA FE COUNTY

RESOLUTION 2000 - 82

DEPARTMENT CONTACT:

Name: Carolyn Cooney Dept/Div: Fire Administration Phone No.: 992-3072

1790535

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.
This request is to adjust the State EMS allotments and corresponding expenditures to actual Fiscal Year 2001 allotments received. The net adjustment is an increase of \$2,674 to the EMS District Fund.
- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?
At the time the FY01 operating budget was being prepared the approved amount of the State EMS allotments was unknown.
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This adjustment is non-recurring and there are no future funding impacts.
- 4) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
The revenue source for this request is the State Emergency Medical Services allotment (DOH).
 - a) If this is a state special appropriation, cite statute and attach a copy.
This request is not a state special appropriation.
 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
State Emergency Medical Services Fund Act (DOH 7 NMAC 27.4) FY01 - \$96,078.
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
This request is not the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
N/A – This request is to increase funding amounts.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request does not impact the Capital Purchase category.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.
This request has no FTE impact on the department.

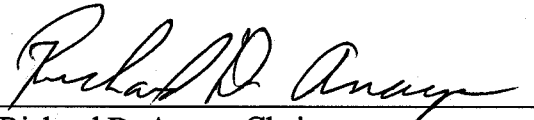
1790536


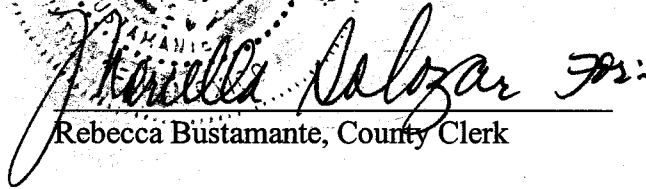
SANTA FE COUNTY
RESOLUTION 2000 - B2

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 25th Day of July, 2000.


Santa Fe Board of County Commissioners


Richard D. Anaya, Chairperson

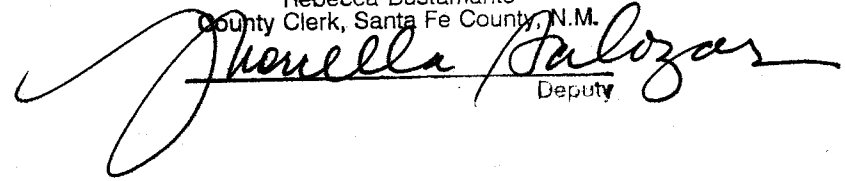

ATTEST

Rebecca Bustamante, County Clerk



Approved As To Form.

By 
Barbara Mulvaney, Acting County Attorney

1124.221
COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 26 day of July A.D.
20 00 at NEW MEXICO o'clock 5:00 P.M.
and was duly recorded in book 1790
page 532-537 of the records of
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.

Deputy

**SANTA FE COUNTY FIRE DEPARTMENT
 FY01 BUDGET PREP
 EMS ALLOTMENTS**

1790537

District	Dept. #	July 00 (FY01) Est.State EMS Allotment	July 00 (FY01) Act.State EMS Allotment	BAR
Chimayo	851	5,435.00	5,150.00	(285.00)
El Dorado	852	7,462.00	7,446.00	(16.00)
Edgewood	853	8,338.00	8,040.00	(298.00)
Hondo	854	7,678.00	7,912.00	234.00
La Puebla	855	5,307.00	5,163.00	(144.00)
Pojoaque	856	5,995.00	7,720.00	1,725.00
Stanley	857	5,000.00	5,000.00	-
Tesuque	858	5,567.00	5,445.00	(122.00)
Turquoise Trl	859	7,547.00	7,000.00	(547.00)
La Cienega	860	5,864.00	5,674.00	(190.00)
Madrid	861	4,300.00	5,000.00	700.00
Glorieta	862	5,238.00	5,464.00	226.00
Agua Fria	863	6,555.00	6,000.00	(555.00)
Galisteo	864	3,027.00	5,049.00	2,022.00
State Pen		-	-	-
Rocky Mtn.	865	10,092.00	9,710.00	(382.00)
Total		93,405.00	95,773.00	2,368.00 2,368.00