

SANTA FE COUNTY

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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 October 26, 2010, 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: 2011 (July 1, 2010 - June 30, 2011)

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 / DOH	534	
206	0851	385	02-00	Budgeted Cash / State Funds	130	
206	0852	371	05-00	State / DOH	2,594	
206	0852	385	02-00	Budgeted Cash / State Funds	81	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					3,339	

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	664	
206	0852	423	60-01	Supplies/Inventory Exempt	2,675	
206	0853	423	60-01	Supplies/Inventory Exempt	1,735	
206	0854	423	60-01	Supplies/Inventory Exempt		1,114
206	0855	423	60-01	Supplies/Non-Capital Med & Lab	942	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					6,016	1,114

Requesting Department Approval: Stan Holden Title: Chief Date: 10/04/10Finance Department Approval: Jessica M. Ardy Date: 10/8/10 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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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	0853	371	05-00	State / DOH	1,596	
206	0853	385	02-00	Budgeted Cash / State Funds	139	
206	0854	371	05-00	State / DOH		1,114
206	0855	371	05-00	State / DOH	939	
206	0855	385	02-00	Budgeted Cash / State Funds	3	
206	0856	371	05-00	State / DOH	400	
206	0856	385	02-00	Budgeted Cash / State Funds	1	
206	0857	371	05-00	State / DOH		78
206	0857	385	02-00	Budgeted Cash / State Funds	1	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					6,418	1,192

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	70-33	Other Operating Costs/Seminars & Workshops	401	
206	0857	423	70-39	Other Operating Costs/Subscriptions & Dues		78
206	0857	423	70-33	Other Operating Costs/Seminars & Workshops	1	
206	0858	423	60-01	Supplies/Inventory Exempt	1,504	
206	0859	423	60-01	Supplies/Inventory Exempt	520	
206	0860	423	60-02	Supplies/Safety Equipment	573	
206	0861	423	60-01	Supplies/Inventory Exempt	1,114	
206	0861	423	60-09	Supplies/Educational Supplies		3
206	0862	423	60-01	Supplies/Inventory Exempt		189
206	0862	423	70-33	Other Operating Costs/Seminars & Workshops	46	
206	0863	423	80-17	Capital Purchases/Medical Equipment		1,653
206	0863	423	60-05	Supplies/Non-Capital Med & Lab	48	
206	0864	423	80-17	Capital Purchases/Medical Equipment		1,847
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					10,223	4,884

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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	0858	371	05-00	State / DOH	1,503	
206	0858	385	02-00	Budgeted Cash / State Funds	1	
206	0859	371	05-00	State / DOH	506	
206	0859	385	02-00	Budgeted Cash / State Funds	14	
206	0860	371	05-00	State / DOH	571	
206	0860	385	02-00	Budgeted Cash / State Funds	2	
206	0861	371	05-00	State / DOH		3
206	0861	385	02-00	Budgeted Cash / State Funds	1,114	
206	0862	371	05-00	State / DOH		189
206	0862	385	02-00	Budgeted Cash / State Funds	46	
206	0863	371	05-00	State / DOH		1,653
206	0863	385	02-00	Budgeted Cash / State Funds	48	
206	0864	371	05-00	State / DOH		1,847
206	0864	385	02-00	Budgeted Cash / State Funds	155	
206	0865	371	05-00	State / DOH		6,797
TOTAL (if SUBTOTAL, check here)					10,378	11,681

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	0864	423	60-05	Supplies/Non-Capital Med & Lab	155	
206	0865	423	35-01	Vehicle Expenses/Fuel		6,797
TOTAL (if SUBTOTAL, check here)					10,378	11,681

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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 a budget increase/decrease to the Fire Districts EMS Fund (206) cost center by the FY- 2011 approved EMS Fund Act distribution and to carry forward the FY 2010 available cash balances for expenditure in FY-2011. Each EMS District was requested to prioritize their needs to budget funds in appropriate expenditure categories. Fire District available cash balances under \$250 are not required to have EMS Bureau approval to carry over into current fiscal year for expenditure. The Madrid FY-2010 available cash balance is in the amount of \$1,114 and will need to be carried forward into the current fiscal year to be expended pending approval from the EMS Bureau or to be returned to the state if the EMS Bureau does not approve expenditure of Madrid's prior years available cash.

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

- 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.

The State EMS Fund Act.

 - c) Is this request is 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.

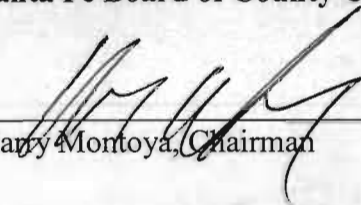
Not Applicable.

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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 26 th Day of October, 2010.

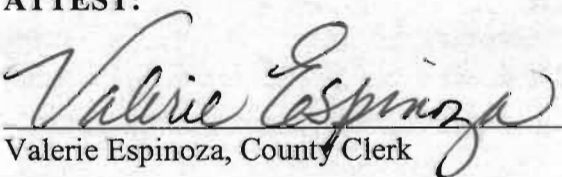
Santa Fe Board of County Commissioners



Harry Montoya, Chairman

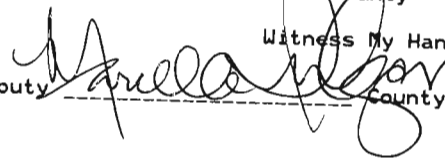


ATTEST:



Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 6
I Hereby Certify That This Instrument Was Filed for
Record On The 27TH Day Of October, 2010 at 12:02:26 PM
And Was Duly Recorded as Instrument # 1615167
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Deputy  Valerie Espinoza
County Clerk, Santa Fe, NM