



**THE CITY OF  
SANTA FE**

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**MEMORANDUM**

**DATE:** September 15, 2025

**TO:** <sup>MS</sup>  
Mark Scott, City Manager  
Emily Oster, Finance Director <sup>EKO</sup>  
Andy Hopkins, Budget <sup>AJH</sup>  
Erika Lujan, Grants Administrator <sup>EL</sup> <sub>ERIKA LUJAN</sub>

**FROM:** <sup>MS</sup>  
Michael Suber, Chief Medical Officer

**VIA:** <sup>sj</sup> Sten Johnson, Assistant Fire Chief and <sup>BM</sup>  
Brian Moya, Fire Chief

**SUBJECT:** NM Department of Health: EMS Fund Act

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**ITEM AND ISSUE:**

Request for Approval of a State of New Mexico Department of Finance and Administration, Local Government Division, and the EMS Fund Act Rules 7.27.4 NMAC. Reversion date of June 30, 2026. Request for Approval of a Budget Amendment Resolution (BAR) in the amount of \$100,000 from 2210186.490180 to 2210186. (as described below):

From Line Items:

- 2210186.490180 \$(40,400)
- 2210186.490180 \$(36,600)
- 2210186.490180 \$(23,000)

To Line Items:

- 2210186.561200 \$40,400
- 2210186.570500 \$36,600
- 2210186.530710 \$23,000

**BACKGROUND AND SUMMARY:**

The City received the attached award announcement for State of New Mexico Department of Finance and Administration, Local Government Division, and the EMS Fund Act Rules 7.27.4 NMAC in the amount of \$100,000. The total grant has increased this year. The annual grant last year was \$80,000. This is reflected in our current budget. This application period the amount has been raised from \$80,000 to \$100,000 this year and annually moving forward. The net increase to our budget is \$20,000. These funds are granted for the procurement of Emergency Medical Equipment, such as Point of Care ultra-sound units and software projects. Also, the

funds are utilized to pay for Paramedic school tuition for our employees.

**ACTION REQUESTED:**

The Fire Department respectfully requests your review and approval.

**ATTACHMENTS:**

State of New Mexico Department of Finance and Administration, Local Government Division,  
and the EMS Fund Act Rules 7.27.4 NMAC award letter.

BAR

Project Ledger



Michelle Lujan Grisham  
Governor

Gina DeBlassie  
Cabinet Secretary

New Mexico Department of Health

September 4, 2025

City of Santa Fe  
PO Box 909  
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 **\$100,000.00** is authorized for disbursement on behalf of the following local recipient (s) in accordance with their approved applications:

***City of Santa Fe Fire Dept. - \$100,000.00***

These funds from the Local Funding Program of the EMS Fund Act for FY 26 (July 1, 2025 – June 30, 2026) 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, each Applicant (Fiscal Agent) MUST submit an itemized expenditures report for FY25 EMS Fund Act Local Funding Award (July 1, 2024 – June 30, 2025). If you administer funds for more than one (1) Local recipient, 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](mailto:rachel.marquez@doh.nm.gov)

Sincerely,  
Rachel Marquez  
EMS Fund Act Coordinator

Log # {Finance use <u>only</u> }:	
Journal # {Finance use <u>only</u> }:	

## City of Santa Fe, New Mexico BUDGET AMENDMENT RESOLUTION (BAR)

DEPARTMENT / DIVISION NAME 200 / Fire Department	DATE 9/16/2025
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ITEM DESCRIPTION	ORG	OBJECT	PROJECT	INCREASE	DECREASE
<b>EXPENDITURES</b>				<i>{enter as <u>positive</u> #}</i>	<i>{enter as <u>negative</u> #}</i>
Employee Training/Tuition	2210186	561200	FIR2622109	40,400	
Equipmnt & Machinery nonExemplt	2210186	570500	FIR2622109	36,600	
Software Subscriptions	2210186	530710	FIR2622109	23,000	
<b>REVENUES</b>				<i>{enter as <u>negative</u> #}</i>	<i>{enter as <u>positive</u> #}</i>
Employee Training/Tuition	2210186	490180	FIR2622109	(40,400)	
Equipmnt & Machinery nonExemplt	2210186	490180	FIR2622109	(36,600)	
Software Subscriptions	2210186	490180	FIR2622109	(23,000)	

**JUSTIFICATION:** *(use additional page if needed)*  
 --Attach supporting documentation/memo

\$ - \$ -

Increase EMS Fund Act FY26 to \$100,000

<i>{Complete section below if BAR results in a net change to ANY Fund}</i>	
	Fund Balance
Fund(s) Affected	Increase/(Decrease)
<b>TOTAL:</b>	<b>0</b>

<b>TONIETTE CANDELARIA MARTINEZ</b> Toniette Candelaria Martinez Prepared By <i>{print name}</i> <i>STEN JOHNSON</i> Sten Johnson, Assitant Fire Chief Division Director Signature <i>{optional}</i>  <i>BRIAN MOYA</i> Brian Moya, Fire Chief Department Director Signature	Date 9/16/2025  Date  Date	<i>{Use this form for Finance Committee/          City Council agenda items ONLY}</i>  <b>CITY COUNCIL APPROVAL</b> City Council Approval Date  Agenda Item #:   	Andy Hopkins <i>Andy Hopkins</i> Budget Officer  <i>Emily K. Oster</i> Emily Oster Finance Director <i>{≤ \$5,000}</i>  <i>Mark Scott</i> Mark Scott <i>{Sep 19, 2025 17:41:35 MDT}</i> City Manager <i>{≤ \$60,000}</i>	Date  Date  Date  Date
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Account

Fund: 221  
 Org: 2210186  
 Object: 561200  
 Project:

Acct: 221-15-20-2100-186-00-000-561200-  
 Acct name: Employee Training/Tuition  
 Type: Expense  
 Status: Active  
 Rollup:    
 Sub-Rollup:    
 MultiYr-Fund

4 Year Comparison      Current Year      History      4 Year Graph      History Graph

Yr/Per 2025/01	Fiscal Year 2025	Fiscal Year 2024	Fiscal Year 2023	Fiscal Year 2026
Original Budget	20,000.00	20,000.00	20,000.00	26,000.00
Transfers In	6,000.00	.00	.00	.00
Transfers Out	.00	.00	.00	.00
Revised Budget	26,000.00	20,000.00	20,000.00	26,000.00
Actual (Memo)	25,999.50	19,999.50	20,000.00	.00
Encumbrances	.00	.00	.00	2,916.00
Requisitions	.00	.00	.00	.00
Available	.50	.50	.00	23,084.00
Percent used	100.00	100.00	100.00	11.22

Account

Fund: 221  
 Org: 2210186  
 Object: 570500  
 Project:

EMRGSVC  
 EMS grant  
 Eqp&MchnNE

Acct: 221-15-20-2100-186-00-000-570500-  
 Acct name: Equipment & Machinery >\$5K  
 Type: Expense  
 Status: Active

Rollup:    
 Sub-Rollup:

MultiYr Fund

4 Year Comparison    Current Year    History    4 Year Graph    History Graph

Yr/Per 2025/01	Fiscal Year 2025	Fiscal Year 2024	Fiscal Year 2023	Fiscal Year 2026
Original Budget	.00	.00	.00	54,000.00
Transfers In	54,000.00	.00	.00	.00
Transfers Out	.00	.00	.00	.00
Revised Budget	54,000.00	.00	.00	54,000.00
Actual (Memo)	26,633.04	.00	.00	.00
Encumbrances	.00	.00	.00	.00
Requisitions	.00	.00	.00	.00
Available	27,366.96	.00	.00	54,000.00
Percent used	49.32	.00	.00	.00





# City of Santa Fe New Mexico

## Finance Department

### Project Ledger Request Form



Date of Request: 09/16/2025

Project Title: Emergency Medical Services Fund Act FY26

Project Type:  CIP  Grant  Internal Tracking

Department: 200 - Fire Project Manager: Toniette C. Martinez Ext: 3109

Project Date Range: 07/01/2025 to 06/30/2026  Create Fixed Asset

Project ID: FIR2622109

Grant ID: S2615

Approved By: ERIKA LUJAN

CT (Finance Use Only) Sep 16, 2025

Multi-Funding (complete all funding sources, should equal 100%)

Funding Source: State of NM Dept. of Health % of Funding: 100

MUNIS ORG: 2210186 MUNIS OBJ: 490180 Awarded Amount: \$100,000.00

Funding Source: \_\_\_\_\_ % of Funding: \_\_\_\_\_

MUNIS ORG: \_\_\_\_\_ MUNIS OBJ: \_\_\_\_\_ Awarded Amount: \_\_\_\_\_

#### **Expense String Phase:**

A project must have at least one phase identified, this can be used as an additional level of tracking, for example, CIP - Design, Construction, etc. For Grants can be used as reimbursable types, such as transportation, salaries.

(You can create more than one phase and you can default MUNIS ORGs and OBJs, optional)

Phase: See attached MUNIS ORG: 2210186 MUNIS OBJ: See attached

#### **Grants Only (list all grants if applicable):**

Grantor Name: NM DEPT OF HEALTH EMS ACT FUND Awarded Amount: 100,000.00

AR Charge Code: 2210186.490180  Grant funds multiple projects  
(Complete a form for each project)

Grantor Id: 700003 Federal CFDA (if applicable): N/A

Grantor Name: \_\_\_\_\_ Awarded Amount: \_\_\_\_\_

AR Charge Code: \_\_\_\_\_  Grant funds multiple projects  
(Complete a form for each project)

Grantor Id: \_\_\_\_\_ Federal CFDA (if applicable): \_\_\_\_\_

*(If grants please provide all grant award documents with form)*  Attached Grant Documentation

**Signature:** *Michael Suber*

**Email:** mjsuber@santafenm.gov

**Signature:** ERIKA LUJAN  
ERIKA LUJAN (Sep 18, 2025 14:34:05 MDT)

**Email:** evlujan@santafenm.gov