



THE CITY OF SANTA FE

MEMORANDUM

DATE: September 16, 2026

TO: Brian Moya, Interim City Manager
Monica Maestas, Finance Director 
Andy Hopkins, Budget Officer 
Erika Lujan, Grants Administrator 

FROM: Mario Risso, Assistant Fire Chief 
TCM

VIA: Toniette Candelaria Martinez, Fiscal Administrator

SUBJECT: Acceptance of FY27 Grant Award from New Mexico Department of Health

ITEM AND ISSUE:

Request for acceptance of the State of New Mexico Department of Health (DOH) Emergency Medical Services (EMS) Bureau grant award in the amount of \$100,000 pursuant to the EMS Fund Act Rules, 7.27.4 NMAC; and request for approval of a Budget Amendment Resolution (BAR) in the amount of \$100,000, as follows:

From Line Items:

- 2210186.490180 NM Health Dept Revenue \$(100,000)

To Line Items:

- 2210186.561200 Employee Training/Tuition \$50,000
- 2210186.570500 Equipment & Machinery >\$5K \$42,500
- 2210186.530710 Software Subscriptions \$7,500

BACKGROUND AND SUMMARY:

The City of Santa Fe Fire Department (SFFD) received the attached grant award announcement from the State of New Mexico Department of Health, EMS Bureau, pursuant to the EMS Fund Act Rules, 7.27.4 NMAC, in the amount of \$100,000.

The awarded funds will support the procurement of emergency medical equipment and paramedic school tuition for SFFD employees, consistent with the allowable uses of the grant.

ACTION REQUESTED:

SFFD respectfully requests review and approval of the FY27 DOH EMS grant award acceptance

and the associated \$100,000 BAR.

ATTACHMENTS:

State of New Mexico Department of Health (EMS Fund Act Rules, 7.27.4 NMAC) Award Letter

Budget Amendment Resolution (BAR)

Project Ledger

August 27, 2026

City of Santa Fe

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 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 an itemized expenditures report for FY26 EMS Fund Act Local Funding Award (July 1, 2025 – June 30, 2026). 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

Sincerely,
Rachel Marquez
EMS Fund Act Coordinator

IN WITNESS WHEREOF, the City of Santa Fe has executed this Agreement as of the date of the signature by the required approval authorities below.

CITY OF SANTA FE:

BRIAN MOYA, INTERIM CITY MANAGER

DATE: _____

ATTEST:

GERALYN CARDENAS, CITY CLERK

CITY ATTORNEY'S OFFICE:



FRANK RUYBALID, ASSISTANT CITY ATTORNEY

APPROVED FOR FINANCES:



MONICA MAESTAS, FINANCE DIRECTOR

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	DATE
200 / Fire Department	9/16/2026

ITEM DESCRIPTION	ORG	OBJECT	PROJECT	INCREASE	DECREASE
<u>EXPENDITURES</u>				{enter as <u>positive</u> #}	{enter as <u>negative</u> #}
Employee Training/Tuition	2210186	561200	FIR2622109	50,000	
Equipment & Machinery >\$5K	2210186	570500	FIR2622109	42,500	
Software Subscriptions	2210186	530710	FIR2622109	7,500	
<u>REVENUES</u>				{enter as <u>negative</u> #}	{enter as <u>positive</u> #}
NM Health Dept / Revenue	2210186	490180	FIR2622109	(100,000)	

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

Acceptance of FY27 EMS Fund Act \$100,000 grant award into SFFD FY27 budget	{Complete section below if BAR results in a net change to ANY Fund}	
	Fund(s) Affected	Fund Balance Increase/(Decrease)
	TOTAL:	0

TONETTE CANDELARIA MARTINEZ Toniette Candalaria Martinez Prepared By {print name}		9/16/2026 Date	{Use this form for Finance Committee/ City Council agenda items ONLY}	Andrew J. Hopkins Budget Officer	Date
 MARIO RISSO (Sep 22, 2026 12:08:32 MDT)		Date	CITY COUNCIL APPROVAL	 Finance Director {≤ \$5,000}	
Division Director Signature {optional}		Date	City Council Approval Date	Date	
 SCOTT OUDERKIRK (Sep 22, 2026 12:10:01 MDT)		Date	Agenda Item #:	City Manager {≤ \$60,000}	
Department Director Signature		Date			



City of Santa Fe New Mexico

Finance Department

Project Ledger Request Form



Date of Request: 09/16/2026

Project Title: Emergency Medical Services Fund Act FY27

Project Type: ☐ CIP ☒ Grant ☒ Internal Tracking

Department: 200 - Fire Project Manager: Mario Risso Ext: 3112

Project Date Range: 07/01/2026 to 06/30/2027 ☐ Create Fixed Asset

Project ID: FIR2622109

Grant ID: S2718

Approved By: Erika Lujan 9/18/2026

C < (Finance Use Only)

☒ 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: _____ Awarded Amount: _____

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

Grantor Id: _____ Federal CFDA (if applicable): _____

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

Account

Fund221EMRGSVC

Org2210186EMS grant

Object490180NM Health

Project

Acct221-15-20-2100-186-00-000-490180-

Acct nameNM Health Dept

TypeRevenue

Rollup

Sub-Rollup

StatusActive

Account Notes

☐ MultiYr Fund

4 Year ComparisonHistory4 Year GraphHistory Graph

Yr/Per 2026/13	Fiscal Year 2026		Fiscal Year 2025		Fiscal Year 2024		Fiscal Year 2027	
Original Budget	-80,000.00		-20,000.00		-20,000.00		-100,000.00	
Transfers In	-100,000.00		-60,000.00		.00		-18,155.00	
Transfers Out	.00		.00		.00		.00	
Revised Budget	-180,000.00		-80,000.00		-20,000.00		-118,155.00	
Actual (Memo)	-81,845.00		-64,601.54		-20,000.00		.00	
Encumbrances	.00		.00		.00		.00	
Requisitions	.00						.00	
Available	-98,155.00		-15,398.46		.00		-118,155.00	
Percent used	45.47		80.75		100.00		.00	

Account

Fund221EMRG SVC

Org2210186EMS grant

Object561200Trng/Tuitn

Project

Acct221-15-20-2100-186-00-000-561200-

Acct nameEmployee Training/Tuition

TypeExpense

Rollup

Sub-Rollup

☐ MultiYr Fund

StatusActive

Account Notes

4 Year Comparison

Current YearHistory4 Year GraphHistory Graph

Yr/Per 2026/13	Fiscal Year 2026		Fiscal Year 2025		Fiscal Year 2024		Fiscal Year 2027	
Original Budget	26,000.00		20,000.00		20,000.00		100,000.00	
Transfers In	40,400.00		6,000.00		.00		18,155.00	
Transfers Out	.00		.00		.00		.00	
Revised Budget	66,400.00		26,000.00		20,000.00		118,155.00	
Actual (Memo)	2,916.00		25,999.50		19,999.50		2,997.00	
Encumbrances	.00		.00		.00		860.00	
Requisitions	.00						.00	
Available	63,484.00		.50		.50		114,298.00	
Percent used	4.39		100.00		100.00		3.26	

Account

Fund221EMRG SVC

Org2210186EMS grant

Object570500Eqp&MchnNE

Project

Acct221-15-20-2100-186-00-000-570500-

Acct nameEquipment & Machinery >\$5K

TypeExpense

Rollup

Sub-Rollup

☐ MultiYr Fund

StatusActive

Account Notes

- 4 Year Comparison
- Current Year
- History
- 4 Year Graph
- History Graph

Yr/Per 2026/13	Fiscal Year 2026		Fiscal Year 2025		Fiscal Year 2024		Fiscal Year 2027	
Original Budget	54,000.00		.00		.00		.00	
Transfers In	36,600.00		54,000.00		.00		.00	
Transfers Out	.00		.00		.00		.00	
Revised Budget	90,600.00		54,000.00		.00		.00	
Actual (Memo)	59,997.80		26,633.04		.00		.00	
Encumbrances	.00		.00		.00		.00	
Requisitions	.00						.00	
Available	30,602.20		27,366.96		.00		.00	
Percent used	66.22		49.32		.00		.00	

Account

Fund221EMRGSVC

Org2210186EMS grant

Object530710SoftwrSbsc

Project

Acct221-15-20-2100-186-00-000-530710-

Acct nameSoftware Subscriptions

TypeExpense

StatusActive

Rollup

Sub-Rollup

☐ MultiYr Fund

Account Notes

- 4 Year Comparison
- Current Year
- History
- 4 Year Graph
- History Graph

Yr/Per 2026/13	Fiscal Year 2026		Fiscal Year 2025		Fiscal Year 2024		Fiscal Year 2027	
Original Budget	.00		.00		.00		.00	
Transfers In	23,000.00		.00		.00		.00	
Transfers Out	.00		.00		.00		.00	
Revised Budget	23,000.00		.00		.00		.00	
Actual (Memo)	.00		.00		.00		.00	
Encumbrances	.00		.00		.00		.00	
Requisitions	.00						.00	
Available	23,000.00		.00		.00		.00	
Percent used	.00		.00		.00		.00	



Previous Day Composite Report

Custom

As of 08/24/2026

Company: CITY OF SANTA FE

User: Randall Holmes

08/27/2026 09:28 AM ET

Commercial Electronic Office®

Treasury Information Reporting

Currency: USD

Bank: 121000248

Account: 4121218564(NM)

WELLS FARGO BANK, N.A.

WIRE DEPOSIT ACCOUNT

Balances

Closing Ledger Balance	.00
Closing Collected Balance	.00
Opening Available Balance	.00
One Day Float	.00
Two+ Day Float	.00
MTD Average Closing Ledger Balance	.00
MTD Average Closing Collected Balance	.00
Total Credits	337,307.82
Total Debits	337,307.82
Total Number Credits	15
Total Number Debits	1

Summaries

Type of Credit	Number of Items	Amount
Total ACH Credits	15	337,307.82
Credit Totals	15	337,307.82
Type of Debit	Number of Items	Amount
Total ZBA Debits	1	337,307.82
Debit Totals	1	337,307.82

Credit Transactions

8/24/2026	169 / MISCELLANEOUS ACH CREDIT Cust Ref: 00000000000 Unique ID: 00000091003857788145 State of New Mex VNDR PYMT NMAP0002689996 DR #1 24-I2457-GF Invoice DR #1 24-I2457-GF	Credit Amount: Bank Ref: IA000012289695	114,380.39
8/24/2026	169 / MISCELLANEOUS ACH CREDIT Cust Ref: 00000000000 Unique ID: 00000091003857819584 State of New Mex VNDR PYMT NMAP0002689562 INVOICE#20260811EMSFUNDACTSAN INVOICE#20260811EMS	Credit Amount: Bank Ref: IA000012289505	100,000.00
8/24/2026	169 / MISCELLANEOUS ACH CREDIT Cust Ref: 00000000000 Unique ID: 00000091003857787849 State of New Mex VNDR PYMT NMAP0002689772 DR #2 24-I2457-GF Invoice DR #2 24-I2457-GF	Credit Amount: Bank Ref: IA000012289692	85,600.16
8/24/2026	169 / MISCELLANEOUS ACH CREDIT Cust Ref: 00000000000 Unique ID: 00000091003956657130 New Mexico 6405 PAYMENTS City of Santa F REF*14551\	Credit Amount: Bank Ref: IA000329088455	10,000.00
8/24/2026	169 / MISCELLANEOUS ACH CREDIT Cust Ref: 00000000000 Unique ID: 00000091003857788627 State of New Mex VNDR PYMT NMAP0002689602 00430713 Invoice 00430713	Credit Amount: Bank Ref: IA000012289130	8,846.62
8/24/2026	169 / MISCELLANEOUS ACH CREDIT Cust Ref: 00000000000 Unique ID: 00000091003755750805 IHSA TREAS 310 MISC PAY 082426 XXXXX0306 RMR*IV*UTILITY ACCT 00041726 JUL26*AI*5567.92*556	Credit Amount: Bank Ref: IA036154130397	5,567.92
8/24/2026	169 / MISCELLANEOUS ACH CREDIT Cust Ref: 00000000000 Unique ID: 00000091004451598487 NOVITAS HCCLAIMPMT 260822 1831263391 TRN*1*896525612*1205296137	Credit Amount: Bank Ref: IA000021701453	5,465.58
8/24/2026	169 / MISCELLANEOUS ACH CREDIT	Credit Amount:	3,135.94

August 27, 2026

City of Santa Fe

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:

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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



STATE OF NEW MEXICO
DEPARTMENT OF HEALTH
1190 St Francis Dr.
Santa Fe, NM 87502-6110

ACH Remittance Advice

State of New Mexico
Department of Finance & Administration

CITY OF SANTA FE
PO BOX 909
SANTA FE, NM 87504-0000
United States

Date	Payment Amount	Reference
Aug/24/2026	\$100,000.00	3002090604

DFI ID:121000248

Bank Account: *****8564

NON-NEGOTIABLE

If you would like to receive electronic ACH remittance advices via email, please contact DFA Vendor Relations at vendor.relations@dfa.nm.gov

Business Unit : 66500

Payment Date: 08/24/2026

Reference: 3002090604

Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discounts	Late Charges	Paid Amount
INVOICE#20260811EMSFUNDACT SAN <i>INVOICE#20260811EMSFUNDACTSAN</i>	Aug/11/2026	00792866	100,000.00	0.00	0.00	100,000.00

Supplier Number

Name

Bank Charge

Transfer Cost Cd

0000054360

CITY OF SANTA FE

\$0.00

Reference

Date

Total Gross Amt

Total Discounts

Total Late Charges

Total Paid Amt

3002090604

Aug/24/2026

\$100,000.00

\$0.00

\$0.00

\$100,000.00

Signature: ERIKA LUJAN
ERIKA LUJAN (Sep 23, 2026 11:08:58 MDT)

Email: evlujan@santafenm.gov

Memo packet_FY27 EMS Fund Act Grant Award \$100,000 (FIRE EMS FY27 FIR2622109)

Final Audit Report

2026-09-23

Created:	2026-09-22
By:	TONIETTE CANDELARIA MARTINEZ (tocandelariamartinez@santafenm.gov)
Status:	Signed
Transaction ID:	CBJCHBCAABAA_vbKA75fTDvCJe-ZtzZ9SJxVU2AEbkbW
Documents:	Memo packet_FY27 EMS Fund Act Grant Award \$100,000 (FIRE EMS FY27 FIR2622109).pdf (14 pages)
Number of Documents:	1
Document page count:	15
Number of supporting files:	0
Supporting files page count:	0

"Memo packet_FY27 EMS Fund Act Grant Award \$100,000 (FIRE EMS FY27 FIR2622109)" History

-  Document created by TONIETTE CANDELARIA MARTINEZ (tocandelariamartinez@santafenm.gov)
2026-09-22 - 4:46:07 PM GMT- IP address: 63.232.20.129
-  Document emailed to MARIO RISSO (mdrisso@santafenm.gov) for signature
2026-09-22 - 4:52:28 PM GMT
-  Email viewed by MARIO RISSO (mdrisso@santafenm.gov)
2026-09-22 - 6:08:00 PM GMT- IP address: 104.47.65.254
-  Document e-signed by MARIO RISSO (mdrisso@santafenm.gov)
Signature Date: 2026-09-22 - 6:08:32 PM GMT - Time Source: server- IP address: 63.232.20.129 - Signature Appearance Selected: DRAW
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2026-09-22 - 6:08:36 PM GMT
-  Email viewed by SCOTT OUDERKIRK (slouderkirk@santafenm.gov)
2026-09-22 - 6:09:12 PM GMT- IP address: 104.47.64.254
-  Document e-signed by SCOTT OUDERKIRK (slouderkirk@santafenm.gov)
Signature Date: 2026-09-22 - 6:10:01 PM GMT - Time Source: server- IP address: 63.232.20.129 - Signature Appearance Selected: DRAW

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2026-09-22 - 6:10:05 PM GMT

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Signature Date: 2026-09-23 - 5:08:58 PM GMT - Time Source: server- IP address: 75.237.4.233 - Signature Appearance Selected: TYPE

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2026-09-23 - 5:09:01 PM GMT

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2026-09-23 - 5:23:55 PM GMT- IP address: 104.47.64.254

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Signature Date: 2026-09-23 - 5:24:32 PM GMT - Time Source: server- IP address: 63.232.20.2 - Signature Appearance Selected: IMAGE

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2026-09-23 - 5:24:36 PM GMT

 Document e-signed by Monica Maestas (mfmaestas@santafenm.gov)

Signature Date: 2026-09-23 - 5:41:12 PM GMT - Time Source: server- IP address: 63.232.20.2 - Signature Appearance Selected: IMAGE

 Agreement completed.

2026-09-23 - 5:41:12 PM GMT