

SANTA FE COUNTY

RESOLUTION 1999 - 106

1682543

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

Whereas, the Board of County Commissioners meeting in regular session on August 31, 1999, did request the following budget adjustment:

Department / Division: Health & Human Services/Indigent Hospital Fund Name: Indigent Fund

Budget Adjustment Type: Budget Increase

Fiscal Year: 2000 (July 1, 1999 - June 30, 2000)

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
220	0000	385	0400	Budgeted Cash/ Special Assessments	60,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)						

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
220	1540	461	7017	Other Operating Costs/ Sole Community Provider	60,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)						

Requesting Department Approval: Andrew D. Chang Title: HEALTH & Human Serv. Dept. Dir Date: 8-11-99

Finance Department Approval: Katherine Miller Date: 8-24-99 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 8-31-99

1682544

SANTA FE COUNTY
RESOLUTION 1999 - 106

Page 2 of 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Eppie Herrera

Dept/Div: Indigent Services

Phone No.: 986-6237

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.
Budget Increase for a one time payment to the Sole Community Provider from the New Mexico Human Services Department to provide additional funds for Hospitals.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?
The New Mexico Human Services Department did not submit correspondence notifying the County of the one time additional payment until May 28, 1999.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This is a non-recurring request.

- 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:
 - a) If this is a state special appropriation, cite statute and attach a copy.
This request does not impact a Revenue source.

 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
This is not a Grant.

1682545

SANTA FE COUNTY
RESOLUTION 1999 - 106

Page 3 of 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Eppie Herrera

Dept/Div: Indigent Services

Phone No.: 986-6237

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
Approval of Sole Community Provider payment which includes the one time supplemental payment was approved at the January 26, 1999 Indigent fund meeting.
 - d) Please identify other funding sources that can be used to match this request.
There are no other funding sources to match this request.

- 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 Capital Purchases.

- 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 does not have an FTE impact.

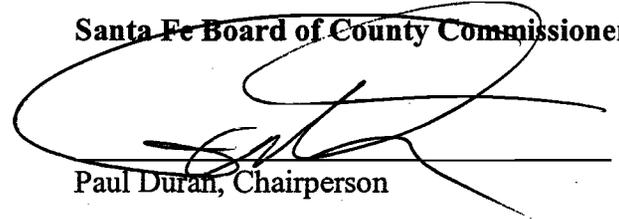
1682546

SANTA FE COUNTY
RESOLUTION 1999 - 106

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 Day of , 1999.

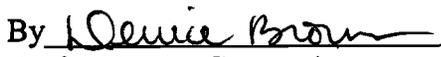
Santa Fe Board of County Commissioners


Paul Duran, Chairperson

ATTEST:

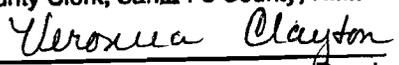

Rebecca Bustamante, County Clerk

Approved As To Form.

By 
Denice Brown, County Attorney



COUNTY OF SANTA FE)SS
STATE OF NEW MEXICO 10881785
I hereby certify that this instrument was filed
for record on the 2 day of Sept A.D.
19 99, at 8:15 o'clock a m
and was duly recorded in book 1682,
page 543 - 546 of the records of
Santa Fe County.

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

Deputy

