

SANTA FE COUNTY
RESOLUTION 2002 - 01

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

Whereas, the Board of County Commissioners meeting in regular session on January 8, 2002, did request the following budget adjustment:

Department / Division: County Manager Fund Name: EMS - Health Care Fund

Budget Adjustment Type: Budget Transfer Between Funds Fiscal Year: 2002 (July 1, 2001 - June 30, 2002)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT / DIVISION XXXX	ACTIVITY BASIC SUB XXX	ELEMENT / OBJECT XXXX	DESCRIPTION / CATEGORY NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	0000	385	0100	Budgeted Cash	1,039,240	
232	0108	390	0100	Operating Transfer In	1,039,240	
TOTAL (if SUBTOTAL, check here)					2,078,480	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT / DIVISION XXXX	ACTIVITY BASIC SUB XXX	ELEMENT / OBJECT XXXX	DESCRIPTION / CATEGORY NAME	INCREASE AMOUNT	DECREASE AMOUNT
101	0000	490	0100	Operating Transfer Out	1,039,240	
232	0108	461	7099	Other Operating Costs / Contingency Reserve.	1,039,240	
TOTAL (if SUBTOTAL, check here)					2,078,480	

Requesting Department Approval: Paul Guller Title: BUDGET ADMINISTRATOR Date: 1-3-02
 Finance Department Approval: Susan G. Lucas Date: 1/3/02 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 1/3/02

2047411

SANTA FE COUNTY

RESOLUTION 2002 - 01

2047412

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

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 budget adjustment requests the transfer of remaining fiscal year 2001 cash balance specifically related to revenue received through an MOU with St. Vincent's Hospital. The purpose of this transfer is to anticipate future funding of Sole Community Provider Agreements as required.

- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?
This request was not included in the fiscal year 2002 operating budget since the cash balance was not finalized until the close of the fiscal year.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer will be recurring through the end of fiscal year 2002. Its future funding is impacted by the increased expenditure level requested through Sole Community Provider agreements.

- 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 is not a state special appropriation.

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

SANTA FE COUNTY

RESOLUTION 2002 - 01

2047413

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

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.
This request is not a result of Commission action.
 - 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 the capital purchases 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 does not have an FTE impact.

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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 8th Day of January, 2002.

Santa Fe Board of County Commissioners

[Handwritten Signature]

Paul Duran, Chairperson

2047414



[Handwritten Signature]

Rebecca Bustamante, County Clerk



Approved As To Form.

By *[Handwritten Signature]*

Steven Kopelman, County Attorney

1188200
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 9 DAY OF Jan A.D.
20 02 AT 9:10 O'CLOCK
AND WAS DULY RECORDED IN BOOK 2047
PAGE 411-414 OF THE RECORDS OF

SANTA FE COUNTY
WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.

[Handwritten Signature]
DEPUTY