

2208375

SANTA FE COUNTY

RESOLUTION 2002 - 113

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

Whereas, the Board of County Commissioners meeting in regular session on September 10, 2002, did request the following budget adjustment:

Department / Division: Community & Health Development / EMS - Healthcare Fund Name: EMS - Healthcare

Budget Adjustment Type: Budget Increase Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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
232	0421	341	9500	Charges for Services	153,950	
TOTAL (if SUBTOTAL, check here)						

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
232	0421	461	7004	Other Operating Costs / Electricity	4,000	
232	0421	461	7005	Other Operating Costs / Gas & Heating Costs	4,000	
232	0421	461	7007	Other Operating Costs / Water	4,000	
232	0421	461	7002	Other Operating Costs / Rent of Land/Buildings	141,950	
TOTAL (if SUBTOTAL, check here)					153,950	

Requesting Department Approval: Katherine Miller Title: _____ Date: _____

Finance Department Approval: Katherine Miller Date: 9.4.02 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 9/10/02

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Katherine Miller Dept/Div: Finance Phone No.: 986-6375

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.
Request is to budget revenues for the lease and associated utilities of the old Magistrate Court Building for the Care Connection and Health Offices. Revenues will be from the MOU for health services with St. Vincent's Hospital.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?
At the time of the FY 2003 budget preparation Santa Fe County had not entered into negotiations for the lease of the facility and therefore did not have an estimate for lease payments.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This request is based upon an agreement with St. Vincent's Hospital and is considered recurring throughout the 3-year option of the lease. At anytime the County decides to purchase the building over the 3-year lease, the County will prepare an appropriate budget adjustment.

- 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 is not a state or 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.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Katherine Miller Dept/Div: Finance Phone No.: 986-6375

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.
Attached is the lease agreement and St. Vincent's Agreement
 - 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 10th Day of September, 2002.

Santa Fe Board of County Commissioners

Paul Duran, Chairperson



Rebecca Bustamante, County Clerk

Approved As To Form.

By Steven Kopelman, County Attorney



1223446
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I hereby certify that this instrument was filed for record on the 12 day of SEPT. D. 20 02 at 12:16 o'clock P.M. and was duly recorded in book 2208 page 375-378 of the records of Santa Fe County

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

Deputy