

SANTA FE COUNTY

RESOLUTION 2002 - 114

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 18, 2002, did request the following budget adjustment:

Department / Division: Community Health and Development Dept./Indigent Fund

Fund Name: Indigent Fund

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
220	0420	341	95-00	Charge for Services	230,000	
TOTAL (if SUBTOTAL, check here )					230,000	

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	0420	461	70-17	Other Operating Costs: Sole Community Provider	230,000	
TOTAL (if SUBTOTAL, check here )					230,000	

Requesting Department Approval: Robert A. Anaya *Robert A. Anaya* Title: Director Date: 09/17/02

Finance Department Approval: *Katherine Nielsen* Date: 9-18-02 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: *John H. Foggy* Date: 9/18/02

2212758

**SANTA FE COUNTY**

**RESOLUTION 2002 - 114**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Robert A. Anaya

**Dept/Div:** Community Health Development Department/Indigent Fund

**Phone #:** 992-3056

**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 request budgets the amount of the County Match that is due to the State of New Mexico for the FY-2003 Sole Community Provider (SCP) supplemental payment available to St. Vincent Hospital. This request also reimburses the Indigent Fund for the full amount (\$230,000) that was used to pay the County match portion of the supplemental Sole Community Provider (SCP) funding available in FY-2003.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?

Supplemental SCP funding did not become available until September 10, 2002, well after the FY-2003 budget cycle was complete.

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

This budget increase and the resulting expenditures are non-recurring. There is no future funding impact.

- 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 special appropriation.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

This grant does not include state funding

2212759

**SANTA FE COUNTY**  
**RESOLUTION 2002 - 114**

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Robert A. Anaya

**Dept/Div:** Community Health Development Department/Indigent Fund

**Phone #:** 992-3056

**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 action is a result of Commission action. The Commission approved using \$ 230,000 of Indigent Fund cash to match the SCP supplemental funding available for FY-2003, as long as the dollars are reimbursed to the fund.
  - d) Please identify other funding sources that can be used to match this request.  

There are no other funds available 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 has no FTE impact, and there is no future funding impact.

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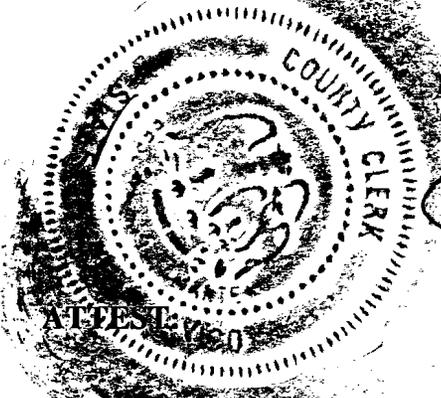
SANTA FE COUNTY

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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 18<sup>th</sup> Day of September, 2002.

Santa Fe Board of County Commissioners



[Handwritten signature]

Paul Duran, Chairperson

[Handwritten signature: Rebecca Bustamante]

Rebecca Bustamante, County Clerk

Approved As To Form.

[Handwritten signature: Steven Kopelman]

Steven Kopelman, County Attorney



1224 332  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 19 DAY OF Sept. A.D.  
20 02 AT 8:22 O'CLOCK P.M.  
AND WAS DULY RECORDED IN BOOK 2212  
PAGE 158-761 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: Marcelle Salgado]  
DEPUTY