

SANTA FE COUNTY

RESOLUTION 2002 - 23

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

Whereas, the Board of County Commissioners meeting in regular session on February 26, 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: 2002 (July 1, 2001 - June 30, 2002)

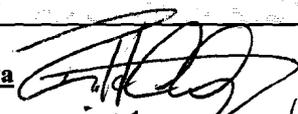
BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
220	0000	385	02-00	Budgeted Cash/State Funds	122,599	
TOTAL (if SUBTOTAL, check here)					122,599	

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	70-16	State Supported Medicaid		18,992
220	0420	461	70-17	Sole Community Provider	79,031	
220	0420	461	70-20	Indigent Hospital Payments	40,000	
220	0420	461	70-21	Indigent Nursing Payments	987	
TOTAL (if SUBTOTAL, check here x)					120,018	18,992

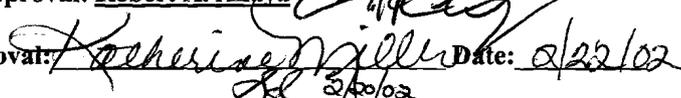
Requesting Department Approval: Robert A. Anaya



Title: Director

Date: 02/15/02

Finance Department Approval: Keheisen Miller



Date: 2/22/02

Entered by: _____

Date: _____

County Manager Approval: _____

Date: _____

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SANTA FE COUNTY

RESOLUTION 2002 - 23

BUDGET ADJUSTMENT CONTINUATION SHEET

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
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
220	0420	461	70-22	Indigent Rehabilitation Payments	110,000	
220	0420	461	70-24	Home Health Care		12,000
220	0420	461	70-25	Public Primary Care	116,000	
220	0420	461	70-26	Ambulance Services	3,000	
220	0420	461	70-37	Printing/Publishing/Advertising	142	
220	0420	461	70-39	Subscription & Dues	35	
220	0420	461	70-41	Reporting & Recording	286	
220	0420	461	70-99	Contingency Reserve		195,890
TOTAL (if SUBTOTAL, check here)					349,481	226,882

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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.):

- 1) Please summarize the request and its purpose.

This request budgets \$ 122,599 of cash balance within the Indigent Fund (220). The budgeted cash balance will be used to increase funding for primary care and alcohol and substance abuse treatment. This request also re-distributes budgeted funds within the Other Operating Costs Category to line items that require additional funding, such as primary care and alcohol and substance abuse treatment.

- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?

Re-distributed funds that are currently budgeted were included in the fiscal year 2002 operating budget. The additional \$ 122,599 was not included, as the current client need and expenditure level could not be foreseen at that time. However, staff feels that budgeting the cash is an appropriate action at this time, as staff projects recapturing and estimated \$ 314,000 from funds tied up in existing contract that will not be used.

- 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

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SANTA FE COUNTY
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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 not a result of direct commission action. This plan to supplement the budget was presented to the Indigent Fund Board on January 29, 2002.
 - 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 26th Day of February, 2002.

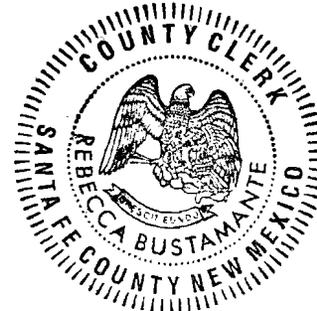
Santa Fe Board of County Commissioners

[Handwritten signature of Paul Duran]

Paul Duran, Chairperson



[Handwritten signature of Rebecca Bustamante]
Rebecca Bustamante, County Clerk



Approved As To Form.

[Handwritten signature of Steven Kopelman]
Steven Kopelman, County Attorney

1194.936
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 27 DAY OF Feb A.D.
20 02 AT 3:46 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2077
PAGE 810-814 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 of Marcelle Salazar]
DEPUTY

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