

RESOLUTION 2005- 11

**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 25, 2005 did request the following budget adjustment:

Departments/Divisions: Health and Human Services/Care Connection

Fund Name: St. Vincent MOA

Budget Adjustment Type: Budget Increase

Fiscal Year: 2005: (July 1, 2004 - June 30, 2005)

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	0482	341	95-00	Charges for Services	117,234	
<b>TOTAL (if SUBTOTAL, check here )</b>					117,234	

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	0482	465	10-26	Term Employees	11,800	
232	0482	465	20-01	FICA - Regular	732	
232	0482	465	20-02	FICA - Medicare	172	
232	0482	465	20-03	Retirement Contributions	2,244	
232	0482	465	20-05	Health Care	1,214	
<b>TOTAL (if SUBTOTAL, check here <u>X</u>)</b>					16,162	

Requesting Department Approval: \_\_\_\_\_  
 Stephen Shepherd

Title: Director Date: 1/12/05

Finance Department Approval: [Signature] Date: 1/18/05

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution requesting a budget increase to the EMS - Healthcare Fund (232) / Care Connection

**SANTA FE COUNTY**  
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**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
<b>TOTAL (if SUBTOTAL, check here )</b>						

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	0482	465	20-06	Retirement Health Care	118	
232	0482	465	20-08	Workers Compensation	4	
232	0482	465	30-01	In-State Mileage & Fares	100	
232	0482	465	30-02	Out-of-State Mileage & Fares	1,000	
232	0482	465	30-03	In-State Meals & Lodging	200	
232	0482	465	30-04	Out-of-State Meals & Lodging	600	
232	0482	465	30-05	Gas & Oil	500	
232	0482	465	50-03	Professional Services	90,000	
232	0482	465	60-01	Office Supplies - Inventory Exempt	500	
232	0482	465	60-07	Office Supplies - Regular	500	
232	0482	465	70-03	Operating Costs - Telephone	2,000	
232	0482	465	70-04	Operating Costs - Electricity	1,500	
232	0482	465	70-05	Operating Costs - Gas & Heating	2,000	
232	0482	465	70-06	Operating Costs - Garbage & Sewer	350	
232	0482	465	70-07	Operating Costs - Water	200	
232	0482	465	70-33	Operating Costs - Seminars & Workshops	300	
232	0482	465	70-36	Operating Costs - Postage	400	
232	0482	465	70-37	Operating Costs - Advertising & Printing	300	
232	0482	465	70-39	Operating Costs - Subscriptions & Dues	500	
<b>TOTAL (if SUBTOTAL, check here )</b>					117,234	

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Steve Shepherd

Dept/Div: Health and Human Services/Care Connection

Phone #: 992-9840

**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 increases the HHSD/Care Connection Program budget by \$117,234.00. The purpose of this request is to increase the Care Connection Program budget utilizing cash revenues awarded by the St Vincent Hospital, Memorandum of Agreement with the Santa Fe County to pay for a partial amount of the operating costs that will occur in FY-2005.

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?

At the time that the budgets were prepared, the Care Connection Facility did not exist and was not in operation so it could not be included in the previous budget. The Care Connection Facility is planning to begin operating soon, and it can now be determined how the budget should be set-up to pay expenditures for the remainder of FY-2005.

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

The funding is recurring for the Care Connection Facility each fiscal year with the approval of the Memorandum of Agreement between the St. Vincent Hospital and the Santa Fe County. The total amount awarded to the Santa Fe County will be determined by the St. Vincent Hospital each fiscal year.

- 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:

This request does impact a revenue source.

- 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 award.

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**DEPARTMENT CONTACT:**

Name: Steve Shepherd

Dept/Div: Health and Human Services/Care Connection

Phone #: 992-9840

**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 the result of Commission action.
  - d) Please identify other funding sources that can be used to match this request.  
Match is in-kind only.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.  
This 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 does impact the FTEs. This request includes salary and benefits to pay for twenty percent (20%) of the time for a Care Connection Project Manager and Network Administrator through the St. Vincent MOA funding.

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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 25th Day of January, 2005

Santa Fe Board of County Commissioners

*Michael D. Anaya*  
Mike Anaya, Chairperson

1/25/05

ATTEST

*Valerie Espinoza* 1/25/05  
Valerie Espinoza, County Clerk

Approved as to Form & Legal Sufficiency.

By *Sophia Collard*  
Santa Fe County Attorney's Office



COUNTY OF SANTA FE  
STATE OF NEW MEXICO

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I hereby certify that this instrument was filed for  
Record on the 25th Day of January, A.D. 2005 at 14:44  
And has duly Recorded as Instrument # 1837158  
Of the Records of Santa Fe County.

*Marcella J. Ger*  
Valerie Espinoza  
County Clerk, Santa Fe, NM