

**SANTA FE COUNTY**

**RESOLUTION 2006 - 90**

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

Whereas, the Board of County Commissioners meeting in regular session on May 30, 2006, did request the following budget adjustment:

Department/Division: Health & Human Services Department/Healthcare Assistance Program Fund Name: 220: Healthcare Assistance Program

Budget Adjustment Type: Budget Increase

Fiscal Year: 2006: (July 1, 2005 - June 30, 2006)

**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	Budgeted Cash/State Funds	425,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					425,000	

**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	Operating Costs: Sole Community Provider	425,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					425,000	

Requesting Department Approval: *Steve Shepherd*

Title: Director

Date: 05/05/06

Finance Department Approval: *Ronald Martinez*

Date: 5/17/06

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

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

Date: \_\_\_\_\_

SANTA FE COUNTY

RESOLUTION 2006 - 90

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** K. Greg Smith

**Dept/Div:** HAP Coordinator

**Phone No.:** 992-9848

**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 Healthcare Assistance Program (Indigent Fund/Fund 220) budget by \$ 425,000 of cash balance for expenditure in the Sole Community Provider Line Item/Other Operating Costs Category. This expenditure was approved by the BCC and made in September 2005 for the Sole Community Provider Supplemental match. Staff has not budgeted revenue until this time, as we utilized the existing budgeted funding for this expenditure. At this point, we must budget these funds so we can complete payments for SCP for the fiscal year.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?

This request could not be included in the Operating Budget since the expenditure was approved after the beginning of the fiscal year..

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

This is non-recurring transfer, and there are no future funding impacts.

- 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 or federal funding.

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***ATTACH ADDITIONAL SHEETS IF NECESSARY.***

**DEPARTMENT CONTACT:**

**Name: K. Greg Smith**

**Dept/Div: HAP Coordinator**

**Phone No.: 992-9848**

**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 direct commission action to approve payment of Supplemental Sole Community in the amount of \$ 425,000.
  - 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 will 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.

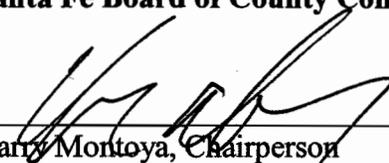
SANTA FE COUNTY

RESOLUTION 2006 - 90

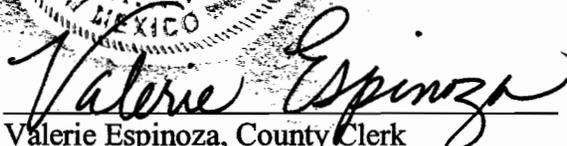
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30<sup>th</sup> Day of May, 2006.

Santa Fe Board of County Commissioners

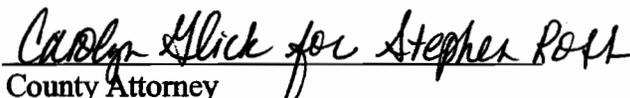
  
\_\_\_\_\_  
Harry Montoya, Chairperson

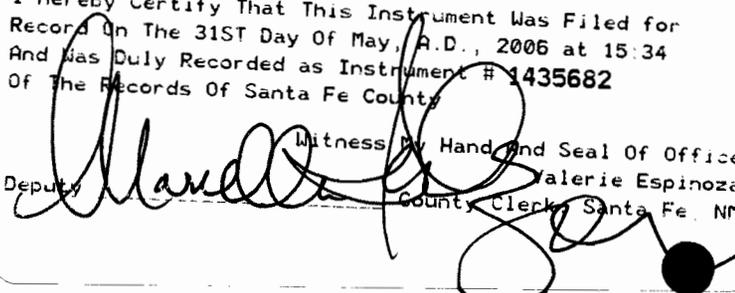


ATTEST  
  
\_\_\_\_\_  
Valerie Espinoza, County Clerk



Approved As To Form.

By:   
\_\_\_\_\_  
Carolyn Glick for Stephen Ross  
County Attorney

COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss  
BCC RESOLUTIONS  
PAGES: 4  
I Hereby Certify That This Instrument Was Filed for  
Record On The 31ST Day Of May, A.D., 2006 at 15:34  
And Was Duly Recorded as Instrument # 1435682  
Of The Records Of Santa Fe County  
  
\_\_\_\_\_  
Deputy Valerie Espinoza  
County Clerk, Santa Fe, NM