

**SANTA FE COUNTY**  
**RESOLUTION 2000- 28**

Page 1 of 4

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

Whereas, the Board of County Commissioners meeting in regular session on March 28, 2000, did request the following budget adjustment:

Departments/Divisions: Community Health & Economic Development  
General Services\Capital Projects

Fund Names: EMS: Health Care  
La Familia Medical Center Project

Budget Adjustment Type: Budget Transfer

Fiscal Year: 2000: (July 1, 1999 - June 30, 2000)

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
250	0000	390	03-00	Special Revenues	100,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/> )					100,000	

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
232	0000	490	01-00	Operating Transfers Out	100,000	
232	1521	461	50-90	Contractual Services/Other Contractual Services		100,000
250	0760	481	60-01	Inventory Exempt	80,000	
250	0760	481	80-03	Equipment & Machinery	20,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/> )					200,000	100,000

Requesting Department Approval: Robert A. Anaya

Title: Director

Date: 03/08/00

Finance Department Approval: Katherine Mullen Date: 3-22-00

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

County Manager Approval: [Signature] Date: 3-27-00

**SANTA FE COUNTY**  
**RESOLUTION 2000- 28**

Page 2 of 4

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development  
EMS: Health Care/Capital Projects

Phone #: 992-3060

**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 transfers \$ 100,000 from the EMS-Health Care fund to the La Familia Medical Center Project fund. The purpose of this transfer is to purchase medical and dental equipment and furnishings for lease to the new La Familia Medical Center. A letter that approves this purchase is attached.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?

Santa Fe County's commitment to purchase the equipment and furnishings was made in a letter dated June 18, 1999. The timing of this action made inclusion in the Fiscal Year 2000 Operating Budget impossible.

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

This budget transfer and the resulting expenditures are non-recurring. 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:

These funds are generated by a percentage of gross receipt taxes.

- 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 is not a state or federal grant.

1749717

**SANTA FE COUNTY**  
**RESOLUTION 2000- 28**

Page 3 of 4

*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development  
EMS: Health Care/Capital Projects

Phone #: 992-3060

**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.  
There are no other available funds that can be used 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 impacts Line Item #80-03 in Fund 250 in an amount estimated to be \$ 20,000. The proposed items and estimated expenditures amounts are:

- Dental Case	\$ 9,937
- Space-saver Medical Filing System	\$ 8,923
- 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.

1749718

SANTA FE COUNTY

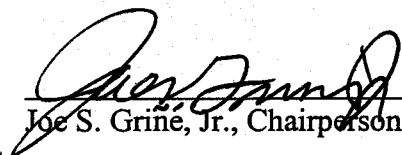
Page 4 of 4

RESOLUTION 2000- 28


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.

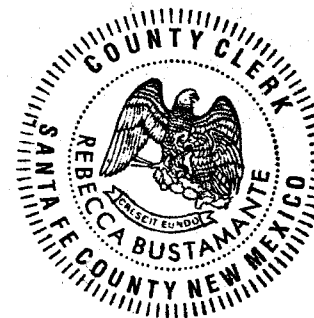
Approved, Adopted, and Passed This 28th Day of March, 2000.

Santa Fe Board of County Commissioners


  
Joe S. Grine, Jr., Chairperson



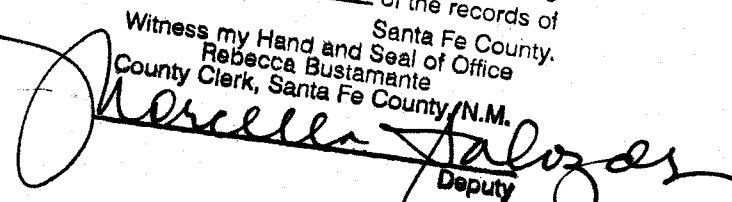
  
Rebecca Bustamante, County Clerk



Approved as to Form & Legal Sufficiency.

By   
Santa Fe County Attorney

1111. 071  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO } SS  
I hereby certify that this instrument was filed  
for record on the 29 day of Mar A.D.  
20 00, at 9:21 o'clock 4 m  
and was duly recorded in book 1749  
page 710-72 of the records of  
Santa Fe County.  
Witness my Hand and Seal of Office  
Rebecca Bustamante  
County Clerk, Santa Fe County, N.M.

  
Deputy

Marcos P. Trujillo  
Commissioner, District 1

Paul Duran  
Commissioner, District 2

Javier M. Gonzales  
Commissioner, District 3



Richard D. Anaya  
Commissioner, District 4

Joe S. Grinë, Jr.  
Commissioner, District 5

David Wolf  
County Manager

June 18, 1999

1749720



Arturo N. Gonzales, Ph. D.  
Executive Director  
La Familia Medical Center  
P.O. Box 5395  
Santa Fe, New Mexico 87502-5395

Dear Arturo:

Your request for funding support from the diverted Indigent Funds to be used toward the purchasing of medical and dental furnishing and equipment for the new La Familia Southwest satellite clinic has been approved in the amount of \$100,000.

As you are aware, because of requirements within the State procurement code as well as the anti-donation clause, it would not be possible for La Familia Medical Center to receive a direct appropriation from the County. Therefore Santa Fe County would purchase the medical/dental equipment and furnishings through its procurement process.

The equipment and furnishings would be the property of the County, and will be leased to La Familia Medical Center for an amount agreed upon by both La Familia and the County.

If you have any questions concerning this matter, please feel free to contact me at 986-6200.

Sincerely,

David Wolf  
Santa Fe County Manager

GM201S02

## SANTA FE COUNTY

2/21/00

Account Balance/Description Inquiry

09:52:01

Position to . . . . 2000 - - - - - Starting character(s)

Type options, press Enter.

1=Select

9=Graph

Opt	Account Number	Budget	Actual	Balance
-	232-1521-461.20-05	1,468.00	661.12	806.88
-	232-1521-461.20-06	498.00	224.10	273.90
-	232-1521-461.20-08	8.00	2.00	6.00
-	232-1521-461.50-90	304,955.00	105,000.00	199,955.00
-	232-1521-461.70-16			
-	232-1521-461.70-17			
-	232-1521-461.70-18			
-	232-1521-461.70-19			
-	232-1521-461.70-20			
-	232-1521-461.70-21			
-	232-1521-461.70-22			

+

F3=Exit F7=Account description F17=Subset F18=Top F19=Bottom

F21=Totalling F22=Account balance report

This is a subsetted list.

1749721