

SANTA FE COUNTY

RESOLUTION 2000 - 32

1749738

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:

Department / Division: Community, Health and Economic Development/ MCH Program Fund Name: General Fund

Budget Adjustment Type: Budget Increase 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
101	1503	371	9000	State Grants/Other	\$10,000	
TOTAL (if SUBTOTAL, check here)					\$10,000	

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
101	1503	462	5003	Contractual Services/Professional Services	\$7,000	
101	1503	462	6009	Supplies/Educational Supplies	\$1,000	
101	1503	462	7037	Other Operating /Printing/Publishing/Advertising	\$1,200	
101	0301	412	1022	Salary & Wages/Permanent Employees	\$ 608	
101	0301	412	2003	Employee Benefits/PERA	\$ 192	
TOTAL (if SUBTOTAL, check here)					\$10,000	

Requesting Department Approval: [Signature] Title: CHED DIRECTOR Date: 3-17-00

Finance Department Approval: [Signature] Date: 3-22-00 Entered by: _____ Date: _____

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

SANTA FE COUNTY
RESOLUTION 2000 - 32

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

1749739

Name: Robert A. Anaya

Dept/Div: Community, Health & Economic Development

Phone No.: 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 increases the Maternal and Child Health contractual services budget by \$7,000, the Educational Supplies line item by \$1,000, the Printing/Publishing/Advertising line item by \$1,200 and the administrative fee revenue to the County by \$800. The increased amounts to the MCH budget will be used for the preparation of various reports, including a needs assessment report, a mentoring training report, a training report on family assessment and referral, a report on educational material for teen parents and a resource report. All reports will be completed on or before June 30, 2000.

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

The grant money had not become available

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

Non-recurring

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

MCH Grant, see attached MCH Grant Amendment #3

SANTA FE COUNTY

RESOLUTION 2000 - 32

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community, Health & Economic Development

Phone No.: 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.):

1749740

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
N/A
 - d) Please identify other funding sources that can be used to match this request.
N/A
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
N/A
- 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.
N/A

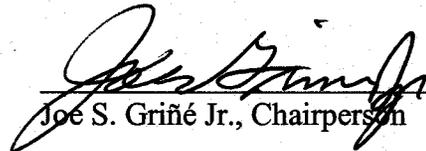
SANTA FE COUNTY

RESOLUTION 2000 - 32

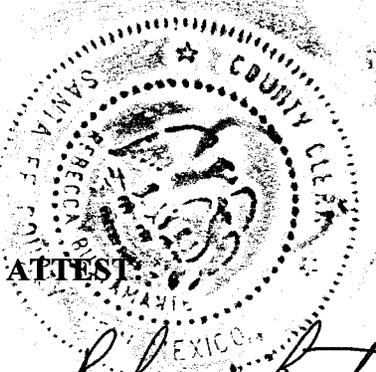
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

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

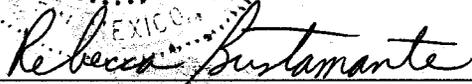
Santa Fe Board of County Commissioners


Joe S. Griñe Jr., Chairperson

1749741

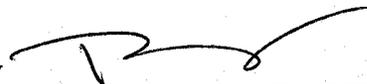


ATTEST


Rebecca Bustamante, County Clerk

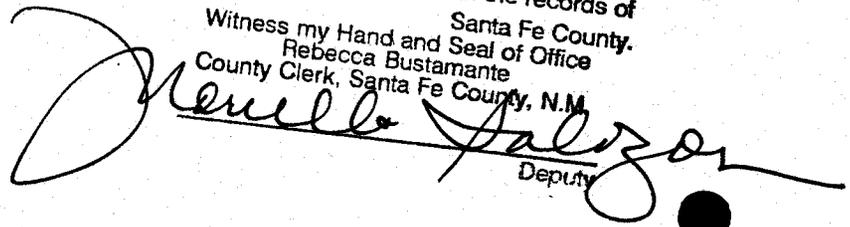


Approved As To Form.

By 
County Attorney

COUNTY OF SANTA FE
STATE OF NEW MEXICO } SS 075
I hereby certify that this instrument was filed
for record on the 29 day of Mar, A.D.
20 00 at 9:25 o'clock a.m
and was duly recorded in book 1749
page 738-750 of the records of

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.


Deputy

STATE OF NEW MEXICO

NEW MEXICO DEPARTMENT OF HEALTH

1749742

AMENDMENT 3 TO

PROFESSIONAL/TECHNICAL SERVICES CONTRACT NO. 99/665.4200.0010

THIS AGREEMENT to amend the above identified contract is entered into by the Public Health Division of the New Mexico Department of Health (hereafter "Department") and Santa Fe County Board of Commissioners (hereafter "Contractor")

IT IS AGREED by the parties:

ARTICLE 1, Scope of Work, of said contract is amended by incorporating Amendment 3, Attachment 1, SCOPE OF WORK into the contract for the period from DFA approval through June 30, 2000.

ARTICLE 2, Compensation and ARTICLE 3, Payment of said contract is amended by incorporating Amendment 3, Attachment 2, BUDGET into the contract, thereby establishing the budget of \$10,000.00 for the period from DFA approval through June 30, 2000 and increasing it from the previous total contract budget amount of \$394,925.00. Total compensation under this contract shall not exceed the new total of \$404,925.00.

All other Articles remain the same.

SCOPE OF WORK
Attachment I, Amendment III
Santa Fe County Board of Commissioners/Santa Fe
Date of DFA Approval through June 30, 2000

1749743

The Contractor shall:

1. Identify selected needs and resources within Santa Fe County and provide a report to the Public Health Division, on or before June 30, 2000, to include but not limited to:
 - A. An assessment of maternal and child health needs and resources of residents of the Turquoise Trail Corridor, which includes south on Highway 14 from 1-25 to Madrid ;
 - B. Resources for youth and youth providers in Santa Fe County;
2. Provide, in collaboration with the Santa Fe District schools and Mentoring New Mexico, up to five training seminars for volunteer mentors and a report to the Public Health Division, on or before June 30, 2000, to include but not limited to;
 - A. Dates and agendas for the trainings;
 - B. Number of participants;
 - C. Summary of participant evaluations of the trainings;
 - D. How the trainings increased knowledge and skills of the participants in:
 1. building positive relationships between students and mentors;
 2. other subjects requested by the volunteer mentors;
 - E. Unmet training needs identified by the participants;
3. Provide, in collaboration with the Community Infant Project, Frost Foundation and other agencies within Santa Fe County serving families and infants, up to four training events for community members who are staff of home visiting agencies and other community organizations, focused on family assessment and referrals; and a report, to the Public Health Division, on or before June 30, 2000, to include but not limited to:

SCOPE OF WORK
Attachment 1, Amendment III
Santa Fe County Board of Commissioners/Santa Fe
Date of DFA Approval through June 30, 2000

1749744

- A. Dates, agendas which lists each session/topic with presenter(s), and a brief description of content;
 - B. Number of participants in each session;
 - C. Summary of participant evaluations of each session/topic and overall training;
 - D. How the trainings increased capacity of the participants to appropriately assess families and make referrals;
 - E. Unmet training needs identified by the participants;
4. Provide educational materials on parenting to the Teen Parenting Classes at La Familia Medical Center and provide:
- A. A report, to the Public Health Division, on or before April 30, 2000 to include, but not limited to:
 1. number of books distributed;
 2. number of participants in the parenting classes receiving the books;
 3. plan for assessing the effectiveness of the parenting books in improving parenting skills;
 4. provide Public Health Division a copy of the book purchases through this contract;
5. Provide the Public Health Division the opportunity to review and approve any materials developed under the Scope of Work of this Agreement prior to their finalization. This may be accomplished verbally.
6. The Contractor is strongly encouraged, in collaboration with Temporary Assistance for Needy Families (TANF) and New Mexico Welfare to Work Contractors, to train and employ TANF recipients who are seeking employment opportunities. The Contractor is also strongly encouraged to train and employ populations enrolled in supported employment programs. The Department will receive quarterly reports documenting efforts to comply with this provision.

BUDGET
Attachment II, Amendment III
Santa Fe County Board of Commissioners/Santa Fe
Date of DFA Approval through June 30, 2000

1749745

Deliverable #1	\$697
Submission of a needs assessment report, on or before June 30, 2000;	
Deliverable #2	\$2,805
Submission of a mentoring training report, on or before June 30, 2000;	
Deliverable #3	\$5,000
Submission of a training report on family assessment and referral, on or before June 30, 2000;	
Deliverable #4	\$748
Submission of a report on educational materials for teen parents, due on or before April 30, 2000;	
Deliverable #5	
Submission of a resource report on or before June 30, 2000.	
TOTAL	\$10,000

Payment for the deliverables described above will be made after receipt of the deliverables with an appropriate invoice and upon satisfaction by the Public Health Division of their quality and completeness.

The final payment will be made when the work described in the Scope of Work has been completed by the contractor and approved by the Division.

The Division may reduce the contract amount for failure of the Contractor to complete and submit any part of the contracted for deliverables as described in the Scope of Work and Budget.

The Contractor shall be responsible for paying the employer and employee portions of FICA taxes and any and all other taxes and costs applicable to their self-employment, their business, and their acceptance of this contract.

All materials developed under the Scope of Work of this Contract are the property of the Public Health Division of the Department of Health upon termination of this contract.

IN WITNESS WHEREOF the parties have executed this Contract at Santa Fe, New Mexico. The effective date is the date of approval by the Department of Finance and Administration set out hereinafter.

1749746

State of New Mexico
New Mexico Department of Health

CONTRACTOR
Santa Fe County Board of Commissioners

By: _____
J. Alex Valdez, Secretary

By: _____

Date: _____

Title: Santa Fe County Manager

Date: 02/01/00

Public Health Division

SS# or FED ID#
856000073

By: _____
Barak Wolff, MPH, Interim Director

Katherine Miller,
Finance Director

Date: 2/9/00

Denice Brown,
County Attorney

Approved For Form and Legal Sufficiency:

By: _____
Special Assistant Attorney General

Date: 2/9/00

The CONTRACTOR is registered for payment of the New Mexico Gross Receipts Tax.

ID No. 01-505911001

By: _____

Date: 2/3/00

This Contract is approved and effective the date shown.

State Contracts Officer 02-27-00

SANTA FE COUNTY
P. O. BOX 276
SANTA FE, NM 87504-0276

FY Y2000

SANTA FE COUNTY	CONTRACT AMOUNT	PREVIOUS REQUEST	CURRENT REQUEST	TOTAL EXPENDED	BALANCE
	A	B	C	D=B+C	E=A-D
DELIVERABLE #1 Submission of a needs assessment and resource report, on or before June 30, 2000	\$697.00				
DELIVERABLE #2 Submission of a mentoring training report, on or before June 30, 2000	\$2,805.00				
DELIVERABLE #3 Submission of a training report on family assessment and referral, on or before June 30, 2000	\$5,000.00				
DELIVERABLE #4 Submission of a report on educational materials for need parents, due on or before June 30, 2000	\$748.00				
TOTAL	\$10,000.00				

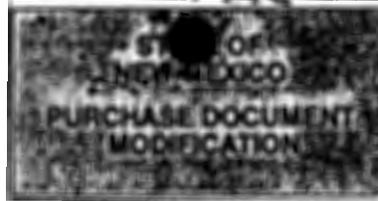
This reimbursement request is for the period ____ / ____ / ____ through ____ / ____ / ____

I certify that the above bill is correct and in accordance with the terms and scope of our contract, and that all our articles were received in good condition after due inspection thereof, or the services were rendered as stated; that they were necessary and proper and the amount claimed are just and reasonable and that no part thereof has been reimbursed.

SIGNATURE _____ DATE _____

1749747

VENDOR CODE 850 073
 VENDOR NAME AND ORDER ADDRESS
 Santa Fe County
 PO Box 276
 Santa Fe, NM 87504-0276



BUDGET FY 00 DATE 1/11/00 PAGE
 AGENCY CODE 665 DOC NUMBER 00-042-000430
 THIS DOCUMENT NUMBER MUST BE THE SAME AS THE ORIGINAL PURCHASE DOCUMENT

LN	FUND	AGCY	ORG	OBJECT	AMOUNT	VD
01	061	665	4200	0522	10,000.00	I
TOTAL					10,000.00	

MAXIMUM OF SIX ACCOUNTING DISTRIBUTION LINES PER PURCHASE DOCUMENT

FOR AGENCY USE							MOD. NO. 01905 (MUST BE 5 DIGITS)
ACTY	ORG	ACCT	FUNC	AMOUNT	VD		
42	450340	505200	4570	10,000.00	I	CONTRACT	
TOTAL				10,000.00	I		

JUSTIFICATION: Provide activities in support of the Santa Fe County MCH Plan including: 1) A needs assessment of residents along Turquoise Trail Corridor 2) Mentoring Training 3) Homevisiting Training 4) Providing Educational Material on Parenting.

COMM LN	QUANTITY	VD	UNIT	COMMODITY CODE	ACCT LN	ARTICLE AND DESCRIPTION	UNIT COST	TOTAL COST
						Amendment 03 for Contract 99/665.4200.0010 for County Maternal & Child Health Services		10,000.00
						Term Date: 06/30/00		
							TOTAL	10,000.00

1749748

AGENCY AUTHORIZED SIGNATURE	TITLE	DATE	APPROVAL 1	DATE	APPROVAL 2	DATE	APPROVAL 3	DATE	APPROVAL 4	DATE
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	FY 99	FY 00	FY 00 A2	FY 00 A3	TOTAL
CONTRACTUAL					
CMCH Coordination	\$47,944.00	\$47,944.00			\$95,888.00
Perinatal Case Management & Promotora Outreach & Health Ed.	\$0.00	\$48,700.00			\$48,700.00
Perinatal Promotora Outreach/Health Education Services	\$37,700.00	\$0.00			\$37,700.00
Perinatal Case Management	\$11,000.00	\$0.00			\$11,000.00
Confidential Reproductive health and Mental Health Services	\$32,000.00	\$32,000.00			\$64,000.00
Emergency Child Care	\$19,100.00	\$19,100.00			\$38,200.00
PVS Health Education Coordination	\$26,700.00	\$26,700.00			\$53,400.00
Primary Care Data Meeting			\$4,540.00		
TOTAL CONTRACTUAL	\$174,444.00	\$174,444.00	\$4,540.00		\$348,888.00
NEEDS ASSESSMENT				\$1,447.00	\$1,447.00
MENTORING TRAINING				\$3,097.00	\$3,097.00
FAMILY ASSESSMENT TRAINING				\$4,708.00	\$4,708.00
EDUCATIONAL MATERIALS				\$748.00	\$748.00
GENERAL OPERATING COSTS	\$4,966.00	\$4,966.00			\$9,932.00
ADMINISTRATIVE COSTS @ 8%	\$15,600.00	\$15,600.00	\$365.00		\$31,565.00
GRAND TOTAL	\$195,010.00	\$195,010.00	\$4,905.00	\$10,000.00	\$404,925.00

Reimbursement will be made after receipt and approval of monthly invoices listing itemized expenditures. Documentation of expenditures shall be kept available as described in Article #3 of the contract. The final payment will not be released until contract obligations in Scope of Work have been met.

The Division may reduce the non-fixed items of the contract amount for failure of the Contractor to expend at least a monthly pro-rata portion of total budget. Before a unilateral contract amount reduction is initiated, the Division shall provide the Contractor fifteen (15) calendar days written notice of the proposed action. The Contractor may provide an explanation of the failure to perform. The explanation shall be considered by the Division and the Division shall provide a written explanation to the Contractor.

The Contractor may make a budget adjustment request between line item categories on form provided by the County MCH Program. Program staff will review and may approve or disapprove such a request. Budget adjustments within line item categories are not necessary.

9	9	6	6	5	4	2	0	0	0	0	1	0	0	3
FY		Agency Code			Organization Code				Contract No.				Amend No.	

1749750

Vendor Code: 8 5 6 0 0 0 0 7 3
 Contractor Name: Santa Fe County
 Contractor Address: PO Box 276, Santa Fe, NM 87504
 Agency Contact Person: B J Butler

Phone: 986-6200
 Phone: 827-2454

Single-Year Contract:
 \$ _____ Total Contract Amount

Multi-Year Contract:
 Check Applicable Year
 FY-1 FY-3
 FY-2 FY-4

Contract or Amendment Amount:
 General Fund \$ 10,000.00
 Other State Funds \$ _____
 Federal Funds \$ _____
 Total \$ 10,000.00

Multi-Year Contract:
 \$ 404925.00 Total Contract Amount

Contract Term: From - / - To 0 6 - 3 0 - 2 0 0 0
(DFA Approval Date To Be Filled in by Contracts Review Bureau) (Termination Date)

Retroactive: Y/N _____ Date: - -

Documents Enclosed - Check one or more of the following:

- Contract Purchase Document Contract Amendment Purchase Document Modification
 Sole Source Determination Retroactive Justification Other _____

BRIEF DESCRIPTION OF SERVICES - **Provide activities in support of the Santa Fe County MCH Plan including: 1) A needs Assessment of residents along Turquoise Trail Corridor 2) Mentoring Training 3) Homevisiting Training 4) Providing Educational Material on Parenting.**

PROCUREMENT PROCEDURE - Check the applicable citation:

- ____ Section 13-1-125 NMSA 1978, small purchase contract (under \$20,000 excluding gross receipts tax).
 ____ Section 13-1-98 NMSA 1978, exempt from the procurement code.
 ____ Section 13-1-120 NMSA 1978, competitive proposal for architect/engineer/landscape/architect/surveyor.
 Section 13-1-111 NMSA 1978, competitive sealed proposal (contract over \$20,000).
 ____ Section 13-1-126 NMSA 1978, sole source procurement (requires written determination and DFA approval).

REQUIREMENTS - Enter Y (yes) to certify the following mandatory requirements:

- The agency certifies to DFA that all relevant requirements of the Procurement Code have been followed.
 The agency certifies to DFA that the contractor will perform at all times as an independent contractor for purposes of IRS tax compliance and is not performing services as an employee of the agency.
 ____ The agency certifies to DFA that the agency has performed a legal review and the contract is in compliance with all federal and state laws, rules or regulations.

OTHER REQUIREMENTS - Enter Y (yes), N (no), or N/A (not applicable) to each of the following:

- The agency certifies to DFA that the requirements of the Governmental Conduct Act, Section 10-16-1 NMSA 1978 regarding conflict of interest with public officers or state employees have been followed.
 The agency certifies to DFA that the contract complies with GSD rules regarding indemnification and insurance.
 N/A The agency certifies to DFA that Chief Information Officer approval has been obtained, if applicable.
 The agency certifies to DFA that Attorney General review has been obtained because:
 Contract is greater than \$200,000 Contract is with legislator Contract is with former state employee Contract is with present employee
 N/A The agency certifies to DFA that any required performance bonds have been obtained, Section 13-1-148 NMSA 1978.

Dg Hall
 Cabinet Secretary, Agency Head or Designee Title Date

DFA USE ONLY		Date Logged CRB	<u>1 1</u>	COMMENTS: <u>CC</u> <u>C2</u> <u>1139</u> <u>03</u>	
Category	<u>CP</u>	Date Received CRB	<u>02 15 100</u>		
Status	<u>A</u>	Date Resubmitted CRB	<u>1 1</u>		
Amendment Type	<u>INC.</u>	Date Approved CRB	<u>1 1</u>		
Staff	<u>AS</u>	Status	<u>21 1 0</u>		
PURCHASE DOCUMENT					
Number	<u>20-142-10430</u>	Amount	<u>1,100.00</u>	Date to FCD	<u>5/16</u>
				Date From FCD	<u> </u>