

SANTA FE COUNTY

RESOLUTION 2000- 33

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 & Economic Development\Indigent Fund Fund Name: Indigent 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
220	0000	311	02-02	Gross Receipts Tax\Indigent Fund	13,100	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					13,100	

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	1520	461	10-22	Permanent Employees	2,600	
220	1520	461	20-01	FICA: Regular		136
220	1520	461	20-02	FICA: Medicare	83	
220	1520	461	20-03	Retirement Contributions	353	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					3,036	

Requesting Department Approval: Robert A. Anaya

Title: Director

Date: 03/15/99

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

Entered by: _____ Date: _____

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

1749751

SANTA FE COUNTY

RESOLUTION 2000- 33

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	1520	461	20-05	Health Care	261	
220	1520	461	20-06	Retirement Healthcare	37	
220	1520	461	20-08	Worker's Compensation Assessment	2	
220	1520	461	80-03	Equipment & Machinery	9,900	
TOTAL (if SUBTOTAL, check here)					13,236	136

1749752

SANTA FE COUNTY
RESOLUTION 2000- 33

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/Indigent Fund

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 increases the Indigent Fund administrative budget for deficits in the Salary & Wages and Employee Benefits categories. It also budgets funds to purchase badly needed computer equipment for the Indigent Fund staff. The purpose of this BAR is to supplement two categories that have projected deficits for FY-2000, and to supply the Indigent Fund staff with computers and printers that are able to handle current software without processing problems.

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

This request was not included in the FY-2000 operating budget for two reasons. The Salary & Wages and Employee Benefits deficits were not known during the budget process, because the Indigent Director retired in October 1999. This required the Indigent Fund to make a large terminal leave payment, resulting in deficits in both categories. The revenue projection for gross receipts tax was understated at the time the budget was prepared. The Indigent Fund's administrative funds are based on this projection. At this point in the fiscal year, we know that we will have sufficient gross receipt revenue to support an increase in administrative revenue and expenditure. This will allow us to replace our outdated computer equipment

- 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 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:

This increase is supported by gross receipt tax revenue that is dedicated to the Indigent Fund.

- 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.

1749753

SANTA FE COUNTY
RESOLUTION 2000- 33

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/Indigent Fund

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.):

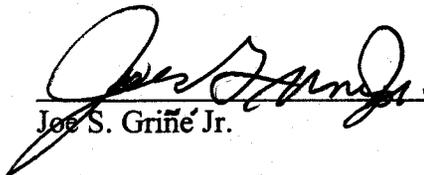
- 1749754
- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
This request is not the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other available 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 BAR includes the following capital purchases:
4-Gateway 2000 Computers (One computer for each Indigent Fund staff member.)
4-Hewlit Packard 6P Type Printers (One printer for each staff member without a adequate printer.)
These items will be used by Indigent Fund staff to perform their daily job duties.
 - 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 BAR has no FTE impact.

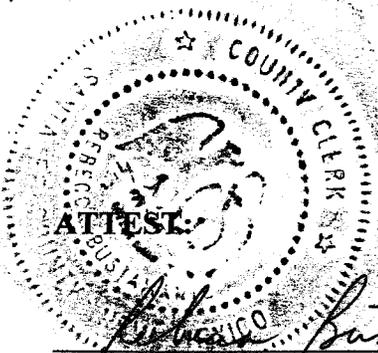
SANTA FE COUNTY
RESOLUTION 2000- 33

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 County Board of County Commissioners


Joe S. Grife Jr.



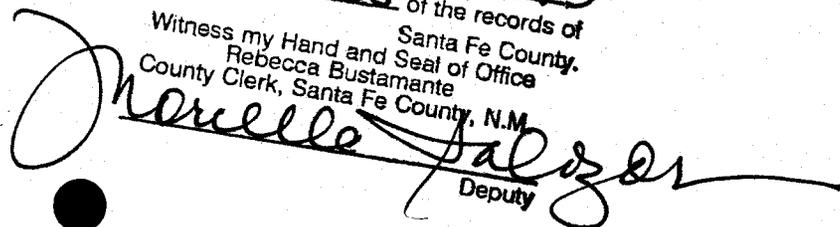

Rebecca Bustamante, County Clerk



Approved As To Form.

By 
Santa Fe County Attorney's Office

1111. 076
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 29 day of Mar A.D.
20 00 at 9:26 o'clock a.m
and was duly recorded in book 1749
page 751-758 of the records of
Santa Fe County.
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.


Deputy

Santa Fe County Indigent Fund
Receipts
Fiscal Year: July 1, 1999-June 30, 2000

1749756

Source	Date	Year to Date Gross Receipts	Year to Date Refunds	Operating Transfer	Amount
Gross Receipts Distribution	07/16/99	425,652.59			425,652.59
La Familia	07/02/99		2,601.03		2,601.03
Gross Receipts Distribution	08/16/99	452,534.12			452,534.12
St. Vincents Hospital	08/16/99		97.94		97.94
Gross Receipts Distribution	09/13/99	283,479.15			283,479.15
Gross Receipts Distribution	10/18/99	294,545.65			294,545.65
Gross Receipts Distribution	11/18/99	285,748.89			285,748.89
Gross Receipts Distribution	12/21/99	344,768.68			344,768.68
Gross Receipts Distribution	01/19/00	315,307.01			315,307.01
Gross Receipts Distribution	02/17/00	351,917.51			351,917.51
Total Revenue Year-to Date		2,753,953.60	2,698.97	0.00	2,756,652.57

Allowance Projection				
Monthly Gross Receipts Average for FY-2000	8	Months		344,244.20
Annual Projection for FY-2000	12	Months		4,130,930.40
Allowance for Possible Reduced Receipts	92.79%			3,833,111.18
1st \$ 500,000 Administrative Allowance	10.00%			50,000.00
2nd \$ 500,000 Administrative Allowance	8.00%			40,000.00
Allowance on Balance	4.50%			127,490.00
Total Allowance				217,490.00

Trends			
Average Gross Receipts Revenue Required	4	Months	269,789.39
Lowest Monthly Gross Receipts Revenue in FY-2000			283,479.15
Trend for Last 4 Months of FY-1999			381,640.70
Trend for 11/99-02/00 of FY-2000			324,435.52
Trend for FY-2000			344,244.20

Santa Fe County Indigent Fund
Payroll Projection for Fiscal Year 2000
Report Date: 03/17/00

1749757

Actual Salary & Benefit Expense

<u>Pay Period</u>	<u>Salary Expense</u>	<u>Benefit Expense</u>
07/01/99-07/02/99	967.92	341.19
07/03/99-07/16/99	4,927.62	1,754.00
07/17/99-07/30/99	4,927.61	1,754.02
07/31/99-08/13/99	4,290.57	1,577.82
08/14/99-08/27/99	6,066.56	2,069.06
08/28/99-09/10/99	6,222.81	2,122.27
09/11/99-09/24/99	6,102.63	2,079.03
09/25/99-10/08/99	4,952.10	1,777.77
10/09/99-10/22/99	14,705.04	2,324.48
10/22/99-11/05/99	4,760.04	1,585.34
11/06/99-11/19/99	4,760.02	1,585.34
11/20/99-12/03/99	4,760.02	1,585.34
12/04/99-12/17/99	4,760.03	1,593.34
12/18/99-12/31/99	4,760.03	1,585.34
01/01/00-01/14/00	4,902.84	1,639.99
01/15/00-01/28/00	3,073.56	1,134.03
01/29/00-02/11/00	4,902.83	1,783.10
02/12/00-02/25/00	4,902.83	1,783.10
02/26/00-03/10/00	4,902.83	1,783.10
03/11/00-03/24/00	4,902.83	1,783.10
Total Actual	104,550.72	33,640.76

Projected Salary & Benefit Expense

<u>Pay Period</u>	<u>Salary Expense</u>	<u>Benefit Expense</u>
03/25/00-04/07/00	4,902.83	1,783.10
04/08/00-04/21/00	4,902.83	1,783.10
04/22/00-05/05/00	4,902.83	1,783.10
05/06/00-05/19/00	4,902.83	1,783.10
05/20/00-06/02/00	4,902.83	1,783.10
06/03/00-06/16/00	4,902.83	1,783.10
06/17/00-06/30/00	4,902.83	1,801.10
Total Projections	34,319.81	12,499.70

Funds Required	138,870.53	46,140.46
Division Budget	136,452.00	45,573.00
Balance at 06/30/00	(2,418.53)	(567.46)

Surplus\ (Deficit) **(2,985.99)** **BAR Required**

**Santa Fe County Indigent Fund
Employee Benefits Expenditures
FY-2000**

03/15/00

Transaction	Pay Periods	FICA Regular	FICA Medicare	Retirement Contributions	Health Care	Retiree Healthcare	Worker's Compensation	Totals
Expenditures as of 03/15/00	18.2	5,637.00	1,318.00	16,100.00	6,137.00	865.00	18.00	30,075.00
Projections	9.0	2,594.43	606.69	8,388.27	4,017.24	441.27	16.00	16,063.90
Total Expenditures		8,231.43	1,924.69	24,488.27	10,154.24	1,306.27	34.00	46,138.90
Budget		8,399.00	1,842.00	24,136.00	9,894.00	1,270.00	32.00	45,573.00
BAR Amount Required		167.57	(82.69)	(352.27)	(260.24)	(36.27)	(2.00)	(565.90)
Rounded BAR Amounts		(136.00)	83.00	353.00	261.00	37.00	2.00	600.00

Bi-Weekly Expenses	288.27	67.41	932.03	446.36	49.03	0.00	1,783.10
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