

SANTA FE COUNTY
RESOLUTION 2001- 07

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 30, 2001, did request the following budget adjustment:

1853144

Department/Division: Community Health & Economic Dev./Indigent Fund Fund Name: Indigent Fund

Budget Adjustment Type: Budget Adjustment Fiscal Year: 2001: (July 1, 2000 - June 30, 2001)

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 |
|------------------|---------------------------------|------------------------------|----------------------------|-----------------|--------------------|--------------------|
| | | | | | | |

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 | 20-05 | Health Care | | 7,000 |
| 220 | 9004 | 461 | 30-03 | In-State Meals & Lodging | | 57 |
| 220 | 9004 | 461 | 30-05 | Gas & Oil | | 32 |
| 220 220 | 9004 | 461 | 40-06 | Maintenance: Equipment | | 78 |
| TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>) | | | | | | 7,167 |

Requesting Department Approval: Robert A. Anaya *Robert A. Anaya by* Title: Director Date: 01/21/01

Finance Department Approval: *John Miller* Date: 1/23/01 Entered by: _____ Date: _____

County Manager Approval: *[Signature]* Date: 1-30-01

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

| 1853145 | FUND CODE XXX | DEPARTMENT/ DIVISION XXXX | ACTIVITY BASIC/SUB XXX | ELEMENT/ OBJECT XXXX | REVENUE NAME | INCREASE AMOUNT | DECREASE AMOUNT |
|---|------------------|---------------------------------|------------------------------|----------------------------|-----------------|--------------------|--------------------|
| | | | | | | | |
| TOTAL (if SUBTOTAL, check here <input type="checkbox"/>) | | | | | | | |

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 | 9004 | 461 | 60-07 | Office Supplies | | 11 |
| 220 | 9004 | 461 | 60-08 | Field Supplies | | 12 |
| 220 | 9004 | 461 | 70-03 | Telephone | | 13 |
| 220 | 9004 | 461 | 70-20 | Indigent Hospital Payments | | 55,972 |
| 220 | 9004 | 461 | 70-22 | Indigent Rehabilitation Payments | | 96,893 |
| 220 | 9004 | 461 | 70-25 | Public Health Primary Care | | 91,376 |
| 220 | 9004 | 461 | 70-26 | Ambulance Service | | 6,628 |
| 220 | 9004 | 461 | 70-36 | Postage & Mail Service | | 1 |
| 220 | 9004 | 461 | 70-37 | Printing/Publishing/Advertisements | | 136 |
| 220 | 9004 | 461 | 70-41 | Reporting & Recording | | 103 |
| 220 | 9004 | 461 | 80-03 | Equipment & Machinery | | 3 |
| 220 | 0420 | 461 | 30-03 | In-State Meals & Lodging | 1,000 | |
| 220 | 0420 | 461 | 30-05 | Gas & Oil | 500 | |
| 220 | 0420 | 461 | 40-04 | Maintenance: Vehicle | 400 | |
| 220 | 0420 | 461 | 60-01 | Inventory Exempt | 13,500 | |
| TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>) | | | | | 15,400 | 258,315 |

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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 |
|--|---------------------------------|------------------------------|----------------------------|-----------------|--------------------|--------------------|
| | | | | | | |
| 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 | 0420 | 461 | 70-01 | Rent of Equipment | 1,700 | |
| 220 | 0420 | 461 | 70-02 | Rent of Land/Buildings | 6,000 | |
| 220 | 0420 | 461 | 70-03 | Telephone | 650 | |
| 220 | 0420 | 461 | 70-20 | Indigent Hospital Payments | 233,319 | |
| 220 | 0420 | 461 | 70-33 | Seminars & Workshops | 1,000 | |
| 220 | 0420 | 461 | 70-39 | Subscription & Dues | 246 | |
| TOTAL (if SUBTOTAL, check here _____) | | | | | 258,315 | 258,315 |

1853146

SANTA FE COUNTY
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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

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

Phone #: 992-3060

1853147

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 budget from the Indigent Funds' prior year budget to its' current year budget. The purpose of the BAR is to fund the establishment of a separate office for the Indigent Fund at St. Vincent Hospital. The Indigent Fund must pay rent, lease a copier, purchase furniture (It is currently using borrowed and inadequate furnishings). Some funds will be used to purchase furniture for the CHED Department, as it has no budget to furnish its' offices. The vast majority (90.32%) of the transfer will be used to supplement Indigent Hospital Payments.

- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?

These funds were not include in the FY-2001 Operating Budget as the move had not been planned at that point. The increase in hospital payments could not be foreseen.

- 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 will be 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 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.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anava

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

Phone #: 992-3060

1853148

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 does not include capital outlay.
- 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.

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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 30th Day of January 2001.

1853149

Santa Fe Board of County Commissioners

[Handwritten Signature]

Paul Duran, Chairperson



[Handwritten Signature]

Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Handwritten Signature]*

Santa Fe County Attorney



1143 723
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 31 day of Jan A.D.
20 01 at 12:03 P.M.
and was duly recorded on page 144-149 of the records of
Santa Fe County
1853

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.
[Handwritten Signature]
Deputy