

SANTA FE COUNTY

RESOLUTION 2001 - 08

1853150

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:

Department / Division: County Manager / Jail Fund Name: General Fund and Jail Enterprise Fund

Budget Adjustment Type: Budget Transfer Between Funds 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
101	0000	341	9500	Charges for Services	100,000	
518	0000	390	0100	Operating Transfer In	100,000	
518	0160	360	0190	Misc. Revenue	21,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/> )					221,000	

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	0000	490	0100	Operating Transfer Out	100,000	
518	0160	419	7018	Other Operating Costs / Indigent Medical Claims	100,000	
518	0160	419	8009	Capital Purchases / Vehicles	21,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/> )					221,000	

Requesting Department Approval: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Finance Department Approval: *Katherine Miller* Date: 1/23/01 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

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

**SANTA FE COUNTY**  
**RESOLUTION 2001 - 08**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

1853151

**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.
  - a.) To transfer funds received within General Fund to the Jail Operations Fund for the purposes of medical claims expenditure for Santa Fe County inmates.
  - b.) To recognize revenue received from Cornell Companies for the purposes of capital equipment replacement.
  
- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?
  - a.) This request is a result of an MOA with St. Vincent's Hospital which was agreed to after the preparation of the FY 2001 Operating Budget.
  - b.) The revenue received for replacement of capital equipment was not known at the time of preparing the FY 2001 Operating Budget.
  
- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
  - a.) This transfer is dependent upon the amount of future indigent medical claims for Santa Fe County inmates which is not predictable.
  - b.) This revenue recognition is not expected to be 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.  
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.

SANTA FE COUNTY  
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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Susan Lucero Dept/Div: Finance Phone No.: 995-2781

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.
    - a.) MOA between Santa Fe County and St. Vincent's Hospital effective 8/29/00 - 9/30/01.
    - b.) Amendment No. 6 to the operating agreement effective 12/1/00 by and between Cornell Corrections, Inc. and Santa Fe County.
  - d) Please identify other funding sources that can be used to match this request.  
There are no other funding sources 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.  
A 15-passenger van will be purchased for transportation of jail inmates.
- 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 does not have an FTE impact.

1853152

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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 30<sup>th</sup> Day of January, 2001.

Santa Fe Board of County Commissioners

*[Signature of Paul Duran]*

Paul Duran, Chairperson

1853153

ATTEST:

*[Signature of Rebecca Bustamante]*  
Rebecca Bustamante, County Clerk



Approved As To Form.

By *[Signature of Steven Kopelman]*  
Steven Kopelman, County Attorney

1143 724  
COUNTY OF SANTA FE } SS  
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 12:04 P.M.  
and was only recorded on page 1853  
page 150-153 of the records of

Witness my hand and Seal of Office  
Rebecca Bustamante  
County Clerk, Santa Fe County, N.M.  
*[Signature of Marcela Salazar]*  
Deputy