

## SANTA FE COUNTY

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RESOLUTION 2001- 80

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

Whereas, the Board of County Commissioners meeting in regular session on June 12, 2001, did request the following budget adjustment:Department/Division: Community Health & Economic Dev./Indigent FundFund Name: Indigent FundBudget Adjustment Type: Budget IncreaseFiscal 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
220	0000	311	02-02	Gross Receipts Tax/County Indigent	117,000	
					117,000	

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
220	0420	461	70-20	Operating Costs: Indigent Hospital Payment	117,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/> )					117,000	

Requesting Department Approval: Robert A. AnayaTitle: DirectorDate: 06/05/01Finance Department Approval: [Signature]Date: 6/5/01

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

Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_

Date: \_\_\_\_\_

SANTA FE COUNTY

RESOLUTION 2001- 80

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

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

Phone #: 992-3056

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 Funds' budget for Indigent Hospital Payments by \$ 117,000. These payments have exceeded our budget projections in this fiscal year. The funds should cover the end of the fiscal year, to include any prior year payments made in July 2001. At that point we should have contractual agreements limiting these payments for next fiscal year. We project that after this increase, and barring any unforeseen expenses, the Indigent Fund should have an approximate cash balance of around \$ 300,000.

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

The increase in expenditures for all provider types could not have been foreseen to include these funds in the FY-2001 Operating Budget.

- 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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SANTA FE COUNTY

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RESOLUTION 2001- 80

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

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

Phone #: 992-3056

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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SANTA FE COUNTY

RESOLUTION 2001- 80

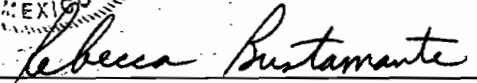
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 12th Day of June 2001.

Santa Fe Board of County Commissioners

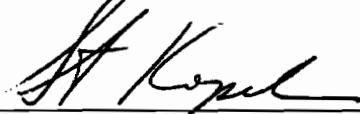
  
Paul Duran, Chairperson

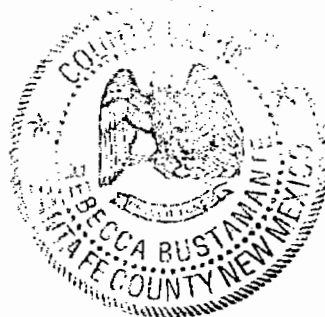
ATTEST:

  
Rebecca Bustamante, County Clerk

Approved As To Form.

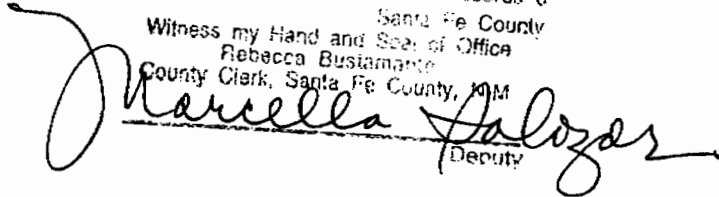
By

  
Santa Fe County Attorney



1159 978  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I hereby certify that this instrument was filed  
for record on the 13 day of June A.D.  
20 01 at 11:18 o'clock a m.  
and was duly recorded in book 1921  
page 729-732 of the records of

Witness my Hand and Seal of Office  
Rebecca Bustamante  
County Clerk, Santa Fe County, NM

  
Marcela Salazar  
Deputy

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