

SANTA FE COUNTY

RESOLUTION 2003 - 138

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

Whereas, the Board of County Commissioners meeting in regular session on September 30, 2003, did request the following budget adjustment:

Department / Division: Community Health and Development Dept./Indigent Fund

Fund Name: Indigent Fund

Budget Adjustment Type: Budget Increase

Fiscal Year: 2004 (July 1, 2003 - June 30, 2004)

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	385	02-00	Budgeted Cash/State Funds	417,389	
TOTAL (if SUBTOTAL, check here)					417,389	

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	70-17	Other Operating Costs: Sole Community Provider	417,389	
TOTAL (if SUBTOTAL, check here)					417,389	

Requesting Department Approval: Robert A. Anaya

Robert A. Anaya by *[Signature]*

Title: Director

Date: 09/18/03

Finance Department Approval: [Signature]

[Signature] Date: 9/23/03

Entered by: _____

Date: _____

County Manager Approval: _____

Date: _____

2676357

SANTA FE COUNTY

RESOLUTION 2003 - 138

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health Development Department/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 budgets the amount of the County Match that is due to the State of New Mexico for the FY-2004 Sole Community Provider (SCP) supplemental payment available to St. Vincent Hospital. This request also reimburses the Indigent Fund for the full amount (\$ 417,389) that was used to pay the County match portion of the supplemental Sole Community Provider (SCP) funding available in FY-2004.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?

Supplemental SCP funding did not become available until September of 2003, well after the FY-2004 budget cycle was complete.

- 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. This funding is added to the annual base SCP funding that the County matches, requiring a larger base match for FY-2005.

- 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 request is not a state special appropriation.

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

This grant does not include state funding

2676358

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health Development Department/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 action is a result of Commission action. The Commission approved using \$ 417,389 of Indigent Fund cash to match the SCP supplemental funding available for FY-2004.
 - d) Please identify other funding sources that can be used to match this request.

There are no other funds available 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 impact the Capital Purchases category.
- 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, and there is no future funding impact.

2676359

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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 September, 2003.

Santa Fe Board of County Commissioners

Jack Sullivan
Jack Sullivan, Chairperson



Rebecca Bustamante
Rebecca Bustamante, County Clerk



Approved As To Form.

Stephen Ross
for Stephen Ross, Santa Fe County Attorney

1294.270
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 6th DAY OF Oct A.D.
2003 AT 8:10 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2676
PAGE 357-360 OF THE RECORDS OF
SANTA FE COUNTY
WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.
Harold Gallegos
DEPUTY