

## SANTA FE COUNTY

RESOLUTION 2006 - 182

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

Whereas, the Board of County Commissioners meeting in regular session on October 30<sup>31</sup>, 2006, did request the following budget adjustment:

Department/Division: Health & Human Services Department/Health Fair Van Program

Fund Name: 232: EMS/Other Healthcare Fund

Budget Adjustment Type: Budget Increase

Fiscal Year: 2007: (July 1, 2006 - June 30, 2007)

**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
232	0474	341	95-00	Charges for Services/MOA/Hospital	256,618	
TOTAL (if SUBTOTAL, check here )					256,618	

**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
232	0474	461	10-26	Term Employees	78,440	
232	0474	461	20-01	FICA: Regular	4,864	
232	0474	461	20-02	FICA: Medicare	1,138	
232	0474	461	20-03	Retirement Contributions	14,912	
TOTAL (if SUBTOTAL, check here X)					99,354	

Requesting Department Approval: Steve Shepherd

Title: Director

Date: 10/16/06

Finance Department Approval: Wanda Chastain

Date: 10/30/06

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

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

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

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## BUDGET ADJUSTMENT CONTINUATION SHEET

## 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
232	0474	461	20-05	Health Care	13,266	
232	0474	461	20-06	Retiree Health Care	1,020	
232	0474	461	20-08	Workers Compensation	18	
232	0474	461	30-01	In-State Mileage & Fares	500	
232	0474	461	30-02	Out-of-State Mileage & Fares	2,000	
232	0474	461	30-03	In-State Meals & Lodging	1,000	
232	0474	461	30-04	Out-of-State Meals & Lodging	2,000	
232	0474	461	30-05	Gas & Oil	7,500	
232	0474	461	40-04	Maintenance: Vehicles	25,000	
232	0474	461	40-07	Maintenance: Supplies	400	
232	0474	461	40-09	Maintenance: Services	1,500	
232	0474	461	60-02	Safety Supplies	300	
232	0474	461	60-05	Non-Capital Medical & Lab	2,000	
232	0474	461	60-07	Office Supplies	1,000	
232	0474	461	60-08	Field Supplies	500	
TOTAL (if SUBTOTAL, check here X)					58,004	

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
232	0474	461	60-09	Educational Supplies	2,000	
232	0474	461	70-03	Telephone	2,760	
232	0474	461	70-04	Electricity	210	
232	0474	461	70-05	Gas & Heating Costs	100	
232	0474	461	70-06	Garbage & Sewer	120	
232	0474	461	70-07	Water	70	
232	0474	461	70-13	Liability Insurance	500	
232	0474	461	70-33	Seminars & Workshops	1,500	
232	0474	461	70-36	Postage & Mail Service	500	
232	0474	461	70-37	Printing/Publishing/Advertising	1,500	
232	0474	461	70-39	Subscriptions & Dues	1,000	
232	0474	461	70-41	Reporting & Recording	1,000	
232	0474	461	80-03	Equipment & Machinery	3,000	
232	0474	461	50-90	Other Contractual Services	85,000	
TOTAL (if SUBTOTAL, check here )					256,618	

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Steve Shepherd

**Dept/Div:** Health & Human Services/Administration

**Phone No.:** 992-9840

**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 EMS/Other Healthcare Fund by \$ 256,618 to fund to operation of the Mobile Health Fair Van. This will fully fund a full time Driver/Assistant, a full-time Registered Nurse, and a .6 Promotora/Community Health Worker. It is the opinion of the Health & Human Services Department that the operation of the Van is best delivered by the County, and that liability issues surrounding the Van will be best handled with County Employees operating the Van. The Van is funded with MOA dollars.

- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?

This request could not be included in the Fiscal Year 2007 Operating Budget since the decision to assume operation of the Van was made well after the budget request was submitted.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This is a recurring program, and there will be budget requests submitted in future fiscal years.

- 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 or federal funding.

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**DEPARTMENT CONTACT:**

Name: Steve Shepherd

Dept/Div: Health & Human Services/Administration

Phone No.: 992-9840

**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 not a result of commission action.
  - 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 includes \$ 3,000 for the purchase of a computer for these employees.
- 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 includes a 1.0 Nurse, a 1.0 Driver, and a 0.6 Promotora/Community Health Worker.

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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 31<sup>th</sup> Day of October, 2006.

Santa Fe Board of County Commissioners

  
Harry B. Montoya, Chairperson

ATTEST:

  
Valerie Espinoza, County Clerk



Approved As To Form.

By:

  
County Attorney

COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss

BCC RESOLUTIONS  
PAGES: 5

I Hereby Certify That This Instrument Was Filed for  
Record On The 2ND Day Of November, A.D., 2006 at 11:42  
And Was Duly Recorded as Instrument # 1457575  
Of The Records Of Santa Fe County

  
Deputy \_\_\_\_\_ Witness My Hand And Seal Of Office  
Valerie Espinoza  
County Clerk, Santa Fe, NM