SFC CLERK RECORDING02/08/2007

SANTA FE COUNTY

RESOLUTION 2007 - 33

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, 2007, did request the following budget adjustment:

Department / Division: Health & Human Services / EMS & Indigent

Fund Name: Indigent Hospital (220), Indigent Svcs (223), EMS Health Services (232), and EMS Health Hospital (234)

Budget Adjustment Type: Budget Transfer Between Funds

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
220	0420	341	9500	Charges for Services / MOA (St. Vincent's)		1,915,120
220	0000	385	0200	Budgeted Cash	602,710	
223	0420	341	9500	Charges for Services / MOA (St. Vincent's)	1,915,120	
223	9004	390	0000	Operating Transfer In	15,486	
TOTAL (if SUBTOTAL, check here X)					2,533,316	1,915,120

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	1022	Salary & Wages / Permanent Employees		152,709
220	0420	461	2001	Employee Benefits / FICA - Regular		9,460
220	0420	461	2002	Employee Benefits / FICA - Medicare		2,213
220	0420	461	2003	Employee Benefits / Retirement Contributions		29,195
220	0420	461	2005	Employee Benefits / Healthcare		18,910
TOTAL (if SUBTOTAL, check here X)						212,487

Requesting Department Approval: _____ **Title:** Director **Date:** 01/24/07

Finance Department Approval: _____ **Date:** 1/23/07 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____

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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
232	0108	311	0200	Gross Receipts Taxes		4,500,000
234	0108	311	0200	Gross Receipts Taxes	4,500,000	
232	0000	390	0000	Operating Transfer In	125,000	
TOTAL (if SUBTOTAL, check here ____)					7,158,316	6,415,120

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	481	2006	Employee Benefits / Retiree Healthcare		2,035
220	0420	461	2008	Employee Benefits / Workers Comp.		34
220	0420	461	3001	Travel / In State Mileage & Fares		1,000
220	0420	461	3002	Travel / Out of State Mileage & Fares		1,200
220	0420	461	3003	Travel / In State Meals & Lodging		2,000
220	0420	461	3004	Travel / Out of State Meals & Lodging		2,500
220	0420	461	3005	Travel / Gas & Oil		1,100
220	0420	461	4001	Maintenance / Buildings & Structures		500
220	0420	461	4004	Maintenance / Vehicles		500
220	0420	461	4006	Maintenance / Equipment		800
220	0420	461	4007	Maintenance / Supplies		150
220	0420	461	6001	Supplies / Inventory Exempt		3,500
220	0420	461	6007	Supplies / Office Supplies		4,750
220	0420	461	6008	Supplies / Field Supplies		1,600
220	0420	461	7001	Other Operating Costs / Rent of Equipment		8,000
220	0420	461	7003	Other Operating Costs / Telephone		2,349
220	0420	461	7004	Other Operating Costs / Electricity		628
220	0420	461	7005	Other Operating Costs / Gas & Heating Costs		279
220	0420	461	7006	Other Operating Costs / Garbage & Sewer		349
220	0420	461	7007	Other Operating Costs / Water		210
220	0420	461	7013	Other Operating Costs / Liability Insurance		2,408
TOTAL (if SUBTOTAL, check here X)						35,892

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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	7019	Other Operating Costs / Indigent Burial Costs		5,000
220	0420	461	7020	Other Operating Costs / Indigent Hospital Payment		156,000
220	0420	461	7022	Other Operating Costs / Indigent Rehab Payments		327,917
220	0420	461	7023	Other Operating Costs / Out-Patient Mental Health		24,000
220	0420	461	7025	Other Operating Costs / Public Health Prim. Care		528,000
220	0420	461	7026	Other Operating Costs / Ambulance Service		30,000
220	0420	461	7033	Other Operating Costs / Seminars & Workshops		3,650
220	0420	461	7036	Other Operating Costs / Postage & Mail		2,750
220	0420	461	7039	Other Operating Costs / Subscriptions & Dues		200
220	0420	461	7041	Other Operating Costs / Reporting & Recording		2,000
220	9004	490	0100	Operating Transfer Out	15,486	
223	0420	461	1022	Salary & Wages / Permanent Employees	152,709	
223	0420	461	2001	Employee Benefits / FICA - Regular	9,460	
223	0420	461	2002	Employee Benefits / FICA - Medicare	2,213	
223	0420	461	2003	Employee Benefits / Retirement Contributions	29,195	
223	0420	461	2005	Employee Benefits / Healthcare	18,910	
223	0420	461	2006	Employee Benefits / Retiree Healthcare	2,035	
223	0420	461	2008	Employee Benefits / Workers Comp.	34	
223	0420	461	3001	Travel / In State Mileage & Fares	1,000	
223	0420	461	3002	Travel / Out of State Mileage & Fares	1,200	
223	0420	461	3003	Travel / In State Meals & Lodging	2,000	
223	0420	461	3004	Travel / Out of State Meals & Lodging	2,500	
TOTAL (if SUBTOTAL, check here X)					236,742	1,079,517

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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
223	0420	461	3005	Travel / Gas & Oil	1,100	
223	0420	461	4001	Maintenance / Buildings & Structures	500	
223	0420	461	4004	Maintenance / Vehicles	500	
223	0420	461	4006	Maintenance / Equipment	800	
223	0420	461	4007	Maintenance / Supplies	150	
223	0420	461	6001	Supplies / Inventory Exempt	3,500	
223	0420	461	6007	Supplies / Office Supplies	4,750	
223	0420	461	6008	Supplies / Field Supplies	1,600	
223	0420	461	7001	Other Operating Costs / Rent of Equipment	8,000	
223	0420	461	7003	Other Operating Costs / Telephone	2,349	
223	0420	461	7004	Other Operating Costs / Electricity	628	
223	0420	461	7005	Other Operating Costs / Gas & Heating Costs	279	
223	0420	461	7006	Other Operating Costs / Garbage & Sewer	349	
223	0420	461	7007	Other Operating Costs / Water	210	
223	0420	461	7013	Other Operating Costs / Liability Insurance	2,408	
223	0420	461	7019	Other Operating Costs / Indigent Burial Costs	5,000	
223	0420	461	7020	Other Operating Costs / Indigent Hospital Payment	156,000	
223	0420	461	7022	Other Operating Costs / Indigent Rehab Payments	327,917	
223	0420	461	7023	Other Operating Costs / Out-Patient Mental Health	24,000	
223	0420	461	7025	Other Operating Costs / Public Health Prim. Care	528,000	
223	0420	461	7026	Other Operating Costs / Ambulance Service	30,000	
223	0420	461	7033	Other Operating Costs / Seminars & Workshops	3,650	
TOTAL (if SUBTOTAL, check here X)					1,101,690	

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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
223	0420	461	7036	Other Operating Costs / Postage & Mail	2,750	
223	0420	461	7039	Other Operating Costs / Subscriptions & Dues	200	
223	0420	461	7041	Other Operating Costs / Reporting & Recording	2,000	
223	0420	461	7090	Other Operating Costs / Misc.	587,224	
223	9004	461	7020	Other Operating Costs / Indigent Hospital Payment	15,486	
232	0421	461	7017	Other Operating Costs / Sole Community Provider		4,375,000
234	0421	461	7017	Other Operating Costs / Sole Community Provider	4,375,000	
234	0000	490	0100	Operating Transfer Out	125,000	
TOTAL (if SUBTOTAL, check here ____)					6,446,092	5,702,896

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SANTA FE COUNTY

RESOLUTION 2007 - 33

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd **Dept/Div:** Health & Human Services Dept. **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 resolution establishes two funds related to the Indigent and EMS Healthcare Funds in order to disburse payments to the Sole Community Provider (SCP) Program and receive revenue through the St. Vincent's MOA agreements in separate funds. This is in response to a federal (CMS) auditor request that SCP payments and MOA receipts be in separate funds.

- 2) Why was this request not included in the Fiscal Year 2007 Operating Budget?
  The dual-fund requirement was not established at the outset of the fiscal year 2007 operating budget.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
  This transfer is non-recurring. Funds involved are: Fund (220) Indigent Hospital (receives GRT, pays SCP and Medicare payments); Fund (223) Indigent Services (receives MOA revenue, pays indigent services); Fund (234) EMS Health Hospital (receives GRT, pays SCP); and Fund (232) EMS Health Services (receives MOA revenue, funds health and fire programs.)

- 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

RESOLUTION 2007 - 33

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Steve Shepherd **Dept/Div:** Health & Human Services Dept. **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 resolution constitutes the commission action that establishes these funds and budgets.

  - 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.
  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 does not have an FTE impact.

SEC CLERK RECORDING02/08/2007

SANTA FE COUNTY

RESOLUTION 2007 - 33

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, 2007.

Santa Fe Board of County Commissioners

Virginia Vigil, Chairperson

ATTEST:

Valerie Espinoza, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 8

I Hereby Certify That This Instrument Was Filed for Record On The 8TH Day Of February, A.D., 2007 at 08:45 And Was Duly Recorded as Instrument # 1470077 Of The Records Of Santa Fe County

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

Approved As To Form.

By _____
Stephen Ross, County Attorney