

RESOLUTION 2012 - 137

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 9, 2012, did request the following budget adjustment:

Department / Division: Health & Human Services & CMO/Finance

Fund Name: Indigent Hospital Fund (220)

Budget Adjustment Type: Increase/Decrease

Fiscal Year: 2013 (July 1, 2012 - June 30, 2013)

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	0200	Budgeted Cash	\$345,000	
TOTAL (if SUBTOTAL, check here)					\$345,000	

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	7017	Sole Community Provider	\$345,000	
TOTAL (if SUBTOTAL, check here <u>x</u>)					\$345,000	

Requesting Department Approval: Carole Jaramillo Title: Budget Administrator Date: 10/9/12

Finance Department Approval: Terisa C. Martinez Date: 10/4/12 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____ Updated by: _____ Date: _____

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BUDGET ADJUSTMENT CONTINUATION SHEET

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Carole Jaramillo Dept/Div: CMO/Finance Phone No.: 986-6321

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 will increase the Indigent Hospital (GRT) Fund (220) for supplemental Sole Community Provider payments for CHRISTUS St. Vincent, Espanola Hospital and Los Alamos Medical Center.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Carole Jaramillo Dept/Div: CMO/Finance Phone No.: 986-6321

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) 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, YES NO x
If YES, cite statute and attach a copy.

Budgeted cash in the Indigent Hospital (GRT) Fund (220)

- b) Does this include state or federal funds? YES NO x
If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
c) Is this request is a result of Commission action? YES X NO
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).

Resolution to commit additional funds to the supplemental Sole Community Provider acted on at October 9, 2012 meeting just prior to this resolution.

- d) Please identify other funding sources used to match this request.

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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 9th Day of October, 2012.

Santa Fe Board of County Commissioners

Liz Stefanics

Liz Stefanics, Chairperson

ATTEST:

Valerie Espinoza
Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 11TH Day Of October, 2012 at 09:14:04 AM And Was Duly Recorded as Instrument # 1684197 Of The Records Of Santa Fe County

Marcella Calzadas
Deputy _____
Valerie Espinoza
County Clerk, Santa Fe, NM