

SANTA FE COUNTY

RESOLUTION 2015 - 161

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

Whereas, the Board of County Commissioners meeting in regular session on November 24, 2015, did request the following budget adjustment:

Department / Division: Community Services Department Fund Name: EMS Health Care Fund (232)

Budget Adjustment Type: Budget Increase Fiscal Year: 2016 (July 1, 2015 - June 30, 2016)

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	0421	371	0500	State Grants/DOH	\$13,750	
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
232	0421	461	50-03	Contractual/professional services	\$10,000	
232	0421	461	60-12	Food provisions/sponsored community meetings	\$2,000	
232	0421	461	70-02	Room rental/sponsored community meetings	\$1,250	
232	0421	461	60-07	Operational supplies	\$500	
TOTAL (if SUBTOTAL, check here )					\$13,750	

Requesting Department Approval: Rachel O'Connor Title: Director, Community Services Department Date: 11/5/15

Finance Department Approval: [Signature] Date: 11/10/15 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 11-24-15 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

**SANTA FE COUNTY**  
**RESOLUTION 2015 - 61**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:** Name: Patricia Boies Dept/Div: Community Services Department Phone No.: 995-9538

**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. The New Mexico Department of health is providing \$13,750 to Santa Fe County Community Services Department (CSD) to conduct community engagement sessions in relation to the NM Department of Health's Health System Innovation design (\$3,750) and to assist with the Santa Fe County Health Policy and Planning Commission (\$10,000), to support health priorities of the County's Health Action Plan.

a) Employee Actions

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

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
50-03	Support health priorities of the County's Health Action Plan	\$10,000

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

SANTA FE COUNTY

RESOLUTION 2015 - 161

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Patricia Boies Dept/Div: Community Services Department Phone No.: 995-9538

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.
  - b) Does this include state or federal funds? YES X NO \_\_\_\_\_  
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 \_\_\_\_\_ NO X  
If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
  - d) Please identify other funding sources used to match this request. N/A

SANTA FE COUNTY

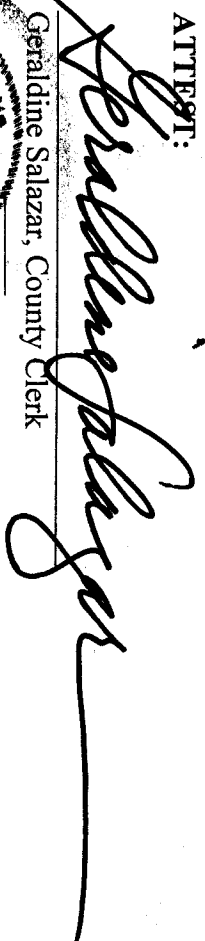
RESOLUTION 2015 - 161

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 24th Day of November, 2015.

Santa Fe Board of County Commissioners

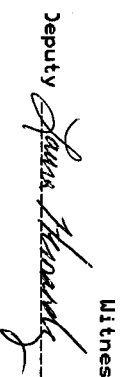
  
Robert A. Anya, Chairperson

ATTEST:  
  
Geraldine Salazar, County Clerk



COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss BCC RESOLUTIONS  
PAGES: 6

I Herby Certify That This Instrument Was Filed for Record On The 4TH Day Of December, 2015 at 03:33:30 PM And Was Duly Recorded as Instrument # 1781025 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office  
Geraldine Salazar  
Deputy  County Clerk, Santa Fe, NM





**State of New Mexico**  
**Purchase Order**

PO Number to be on all Invoices and Correspondence

Purchase Order	66500-0000133063
Date	09/17/2015
Revision	
Page	1
Payment Terms	Freight Terms
Buyer	Buyer
Phone	Phone
Ship Via	Ship Via
Best Way	Best Way

Ship To: 605 Letrado St  
Santa Fe NM 87505  
United States

Bill To: 605 Letrado St  
Santa Fe NM 87505  
United States

**Department of Health**  
190 St. Francis Dr  
P. O. Box 26110  
Santa Fe NM 87502-6110  
United States

Vendor: 000054297  
SANTA FE, COUNTY OF  
P O BOX 276  
SANTA FE NM 87504

Line-Sch	Item/Description	EXE	Excl/Excl #:	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
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1 - 1	Health System Innovation (SIM)		13-1-98-A		1.00	EA	3,750.00	3,750.00	09/17/2015
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66500-06102-1312000000-535300- -DOHSM1501-20000000-116-50000  
Schedule Total 3,750.00

06102-1312000000-535300-DOHSM1501 Expires 1/31/16

Santa Fe County:  
1. Conduct a minimum of three community engagement sessions in relation to the Health Innovation System Design Phase complete with documentation outlining the community feedback.  
2. Submit all documentation for the community engagement sessions to the New Mexico Council Alliance by October 30, 2015.

Contact: Robert Rios  
505-476-2662  
robert.rios@state.nm.us

Item Total 3,750.00  
Total PO Amount 3,750.00

Authorized Signature

Agency Approval - I certify that the proposed purchase represented by this document is authorized by and is made in accordance with all State (and if applicable Federal) legislation rules and regulation. (I further certify that adequate unencumbered cash and budget expenditure authority exists for the proposed purchase and all other outstanding purchase commitments and accounts payable)



**State of New Mexico  
Purchase Order**

PO Number to be on all Invoices and Correspondence  
**Dispatch via Print**

**Department of Health**

1190 St. Francis Dr  
P. O. Box 26110  
Santa Fe NM 87502-6110  
United States

Vendor: 0000054297  
SANTA FE, COUNTY OF  
P O BOX 276  
SANTA FE NM 87504

<b>Purchase Order</b> 66500-0000131875	<b>Date</b> 08/18/2015	<b>Revision</b>	<b>Page</b> 1
<b>Payment Terms</b> Pay Now	<b>Freight Terms</b> FOB Destination	<b>Ship Via</b> Best Way	
<b>Buyer</b> DENISE PIERCE	<b>Phone</b>		

**Ship To:** 605 Letrado St.  
Santa Fe NM 87505  
United States

**Bill To:** 605 Letrado St.  
Santa Fe NM 87505  
United States

Origin: EXE Excl/Excl #: 13-1-98-A

Line-Sch	Item/Description	Mfg ID	Quantity	UOM	PO Price	Extended Amt	Due Date
1- 1	House Bill 2 provides each counties community with funding for Health Councils. Option #4 Deliverables: Santa Fe County.		1.00	EA	10,000.00	10,000.00	08/18/2015
	66500-06101-2008002000-535300- -000001- -20000000-116-50000						
	<b>Schedule Total</b>					<u>10,000.00</u>	

06101-2008002000-535300

Justification: House Bill 2 provides each counties community with funding for Health Councils.

Option #4 Deliverables: Santa Fe County

1. Create and submit a timeline for council capacity development by October 15, 2015. This council capacity development timeline will outline each month's agenda, activities, responsible parties and due dates. (Template to be provided). \$1,000.00
2. Provide the council roster with community or sector representation, bylaws or other organizational documents as applicable on council structure initially along with monthly agendas and monthly minutes. Provide the most current Strategic Plan. Attendance at Regional Health Council Meetings as scheduled per specific region. \$1,000.00
3. Create a specific training and education plan for council capacity development- minimum of 2 trainings based on community identified needs to take place, one in the Fall and one in the Spring. (See suggested trainings list attached). \$3,000.00
4. Implement a minimum of one strategy on your highest identified priority area(s) (for example, HIAP, Collective Impact, advocacy campaign, health fair, or outreach with other partners toward improved health outcomes in your community) with proof of community engagement, including an evaluation of your process/strategy. Document progress throughout the year. \$3,000.00
5. Health Council will identify a local policy or plan (i.e. school wellness policy, county comprehensive plan), that supports/strengthens one of their identified priorities. Health council must report on a strategy of how their identified policy or plan will address their chosen priority. \$1,000.00
6. Other activities/events etc., that would further support your Health Council priorities with prior DOH approval. \$1,000.00

Contact: Robert Rios  
505-476-2662  
robert.rios@state.nm.us

Item Total 10,000.00

Total PO Amount 10,000.00

SFC CLERK RECORDED 12/04/2015

Agency Approval - I certify that the proposed purchase represented by this document is authorized by and is made in accordance with all State (and if applicable Federal) legislation rules and regulation. I further certify that adequate unencumbered cash and budget expenditure authority exists for the proposed purchase and all other outstanding purchase commitments and accounts payable

Authorized Signature  
*Robert Rios*