

**SANTA FE COUNTY
RESOLUTION 2021- 015**

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

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

Department / Division _____ Community Services Department

Budget Adjustment Type (drop down) _____ Budget Increase _____ Fiscal Year: 2021 (July 1, 2020 - June 30, 2021)

BUDGETED REVENUES: (use continuation sheet, if necessary)

| FUND CODE XXX | DEPARTMENT/DIVISION XXXX | ACTIVITY BASIC/SUB XXX | ELEMENT/OBJECT XXXX | LINE DESCRIPTION | INCREASE AMOUNT | DECREASE AMOUNT |
|---------------|--------------------------|------------------------|---------------------|------------------|-----------------|-----------------|
| 232 | 0000 | 385 | 01-01 | Budgeted Cash | \$ 10,747 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | \$ 10,747 | \$ - |

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

| FUND CODE XXX | DEPARTMENT/DIVISION XXXX | ACTIVITY BASIC/SUB XXX | ELEMENT/OBJECT XXXX | LINE DESCRIPTION | INCREASE AMOUNT | DECREASE AMOUNT |
|---------------|--------------------------|------------------------|---------------------|-----------------------------------|-----------------|-----------------|
| 232 | 0421 | 461 | 50-03 | Contractual/Professional Services | \$ 10,747 | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL | | | | | \$ 10,747 | \$ - |

Requesting Department Approval: _____ Title: CSD Director Date: 5/17/2021 Log # 1612
 Finance Dept Approval: _____ Date: 5/21/2021 Entered by: _____ Date: _____
 County Mgr Approval: _____ Date: 5/21/21 Updated by: _____ Date: _____

**SANTA FE COUNTY
RESOLUTION 2021- MS**

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 in the area below.
On January 30, 2018, the County and La Familia entered into Agreement No. 2018-0047-B-CSD/MM, to provide health care and navigation services, as part of the CONNECT network initiative. The contract includes what are called flexible funds, to assist needy individuals with expenses related to the social determinants of health; such as housing, utilities, food, and transportation. We are currently in the fourth year of our contract with La Familia. The contract follows a calendar year, January-December. Purchase Order #011482 for this contract is shared between two fiscal years.
Due to a transition within La Familia's financial team, as well as the increased need of individuals during the COVID-19 pandemic, La Familia overspent the amount in their flexible fund PO by \$10,747.00. They remain in compliance with their overall contract allowance.

| | | |
|--------------------------------------------------------------------------|--------------------------|-------------------------------------|
| | Recurring | Non-Recurring |
| Is this Budget Action for a Recurring or Non Recurring Expense(one-time) | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

2

| | | |
|--------------------------------------------|--------------------------|-------------------------------------|
| | Yes | No |
| Does this request impact a revenue source? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

3

| | | |
|----------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| A. Is this a State Special Appropriation? If Yes, cite Statute and attach a copy | | |
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| B. Does this include state or federal funds? | | |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| C. Is this request a result of Commission action? If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc) | | |

| | | |
|-----------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| D. Is a match required? If Yes, please identify funding source in the line below. | | |

PLEASE PROVIDE THE LINE ITEM OF THE MATCH BELOW

| FUND | DEPARTMENT | ACTIVITY | ELEMENT | CATEGORY /LINE ITEM | AMOUNT | BUDGETED (Drop Down) |
|------|------------|----------|---------|---------------------|--------|----------------------|
| | | | | | | |


SANTA FE COUNTY
RESOLUTION 2021- 045

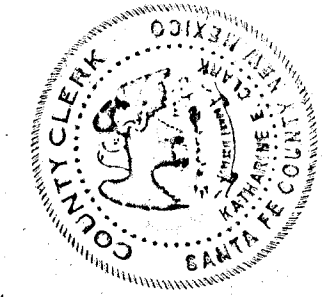
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 28th Day of May, 2021.

Santa Fe Board of County Commissioners

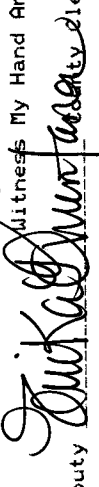

Henry P. Roybal, Chairperson

ATTEST: 
Katharine Clark, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
I Hereby Certify That This Instrument Was Filed for Record On The 26TH Day Of May, 2021 at 10:24:32 AM And Was Duly Recorded as Instrument # 1954361 Of The Records Of Santa Fe County



Deputy  witnesses My Hand And Seal Of Office
Katharine E. Clark
County Clerk, Santa Fe, NM

County Assistance Program
 Luis Carrizal
 1035 Alto St
 Santa Fe NM 87501
 nero@santafecountynm.gov

La Familia Medical Center
 Luis Carrizal
 1035 Alto St
 Santa Fe NM 87501
INVOICE #: 1

FC-AHC Year 1

Contract Period: 12/31/2021 through 1/1/2021

BEGINNING: 1/1/2021 ENDING: 3/31/2021

| Expenditure Category | Funded Contract Amount | Cumulative Cost at End of Prior Period | Incurred Cost Current Period | Cumulative Cost to Date (C + D) | Balance (B - E) |
|-------------------------------|------------------------|----------------------------------------|------------------------------|---------------------------------|----------------------|
| A | B | C | D | E | F |
| Other Social Determinants | \$ 706,050.00 | \$ - | \$ 213,028.20 | \$ 213,028.20 | \$ 493,021.80 |
| | \$ 30,000.00 | \$ - | \$ 25,747.05 | \$ 25,747.05 | \$ 4,252.95 |
| TOTAL COST | \$ 736,050.00 | \$ - | \$ 238,775.25 | \$ 238,775.25 | \$ 497,274.75 |
| TOTAL DUE THIS INVOICE | | | \$ 238,775.25 | | |

These expenditures are for the appropriate purposes and in accordance with the contract.

County Approval: _____
 Date Approved: _____
 (Cannot be dated prior to end of invoice period)

Luis Carrizal

PAYMENT will be made upon receipt of quarterly data and invoice by the 15th of the Month following completion of each quarter

| Type of Care | Rate | Target People to be Served this Year | Target People Served this Quarter | TOTAL |
|---------------------|----------|--------------------------------------|-----------------------------------|--------------|
| Screening | | 225 | 63 | |
| | | 300 | 27 | |
| | | 200 | 33 | |
| Screening | | 150 | 66 | |
| | | 200 | 8 | |
| | | 150 | 37 | |
| | | 50 | 0 | |
| | | 117 | 186 | |
| Positive Screening) | \$507.21 | | 420 | \$213,028.20 |

| Expendable Funding | Housing | Food | Transportation | Utilities | Interpersonal Safety/Other | Total |
|--------------------|--------------|----------|----------------|--------------|----------------------------|--------------|
| | \$ 15,032.74 | \$ 31.88 | \$ 334.25 | \$ 10,348.18 | \$ - | \$ 25,747.05 |