

RESOLUTION 2024-025

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

Whereas, the Board of County Commissioners meeting in regular session on February 27, 2024, did request the following budget adjustment:

Department / Division CSD/HCAP

Budget Adjustment Type (drop down): Other Fiscal Year: 2024 (July 1, 2023 - June 30, 2024)

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
223	0420	371	05-00	State Grants / Department of Health	15,333	
Total					\$ 15,333	\$ -

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
223	0420	461	50-03	Contractual/Professional	15,333	
Total					\$ 15,333	\$ -

Requesting Department Approval: Jennifer Romero Title: Health Services Division Director Date: 02/09/2024 Log # 42

Capital/Grants Approval: [Signature] Date: 2/19/2024

Finance Dept Approval: [Signature] Date: 2/16/2024

County Mgr Approval: [Signature] Date: 2/28/2024

Budget Administrator: [Signature] Date: _____

Updated by: [Signature] Date: _____

2024 FEB 11 3:01 PM SFC CLERK RECORDED

RESOLUTION 2024- 025

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. The Community Services Department received funds from the State of New Mexico, Department of Health for the Santa Fe County Health Policy and Planning Commission (HPPC) in the amount of \$15,333. These funds need to be budgeted.	Recurring	Non-Recurring			
2	Is this Budget Action for a Recurring or Non Recurring Expense(one-time)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
3	Does this request impact a revenue source?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3	Does this request impact a revenue source?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
A.	Is this a State Special Appropriation? If Yes, cite Statute and attach a copy			<input checked="" type="checkbox"/>		
B.	Does this include state or federal funds? 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. NM DOH PO 66500-0000193402		<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 checked="" type="checkbox"/>		
D.	Is a match required? If Yes, please identify funding source in the line below.			<input checked="" type="checkbox"/>		
PLEASE PROVIDE THE LINE ITEM OF THE MATCH BELOW						
FUND	DEPARTMENT	ACTIVITY	ELEMENT	CATEGORY / LINE ITEM	AMOUNT	BUDGETED (Drop Down)

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

Approved, Adopted, and Passed This 27th Day of February, 2024.

Santa Fe Board of County Commissioners

Hank Hughes

Hank Hughes, Chairperson

ATTEST:

Katharine E. Clark

Katharine E. Clark, County Clerk



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

I Hereby Certify That This Instrument Was Filed for Record On The 1ST Day Of March, 2024 at 12:35:33 PM And Was Duly Recorded as Instrument # 2029205 Of The Records Of Santa Fe County

Deputy *Mic S. Sullivan* Witness My Hand And Seal Of Office
Katharine E. Clark
County Clerk, Santa Fe, NM



State of New Mexico Purchase Order

PO Number to be on all Invoices and Correspondence

Page: 1

Department of Health

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

Dispatched

Dispatch Via Print

Purchase Order 66500-0000193402	Date 08-15-2023	Revision
Payment Terms Pay Now	Freight Terms FOB Destination	Ship Via Best Way
Buyer BIANCA SALCIDO	Phone	Currency USD

Supplier: 0000054297
SANTA FE COUNTY
FINANCE DIVISION/ACCOUNTS
RECEIVABLE
P O BOX 276
SANTA FE NM 87504-0276
United States

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	Quantity	UOM	PO Price	Extended Amt	Due Date
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1 - 1	Health promotion activities and services identified in the scope of work for New Mexico County and Tribal Health Councils. Provide the Santa Fe County community with funding for health councils. DFA Approval for FY24 total \$15,333.00.	1.00	EA	\$15,333.00	\$15,333.00	08/15/2023
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66500-06101-2008002000-535300- - - -20000000-124-H0000

Schedule Total \$15,333.00

Item Total \$15,333.00

FY 2024 NM County & Tribal Health Council Scope of Work
All direct purchase orders will cite the following:

1. Convene health council. Proof of deliverable shall be to provide the health council roster with community or sector representation, bylaws (as applicable for 501c3 entities), organizational documents supporting the health council structure and three consecutive monthly /quarterly health council agendas and corresponding minutes.

- \$2,000

2. New Mexico County and Tribal health councils shall work with their County/Tribal Government to receive recognition as a health council within their jurisdiction, as written in the NM County and Tribal Health Council Act, by obtaining a letter of support and/or by having a resolution created and passed. Proof of deliverable will include a copy of the passed resolution and/or letter of support written by Tribal Governor or County Commission. New Mexico County and Tribal health councils who have received recent/prior recognition in the past 2 years shall provide a copy of the passed resolution and/or letter of support written by Tribal Governor or County Commission, including a written summary illustrating the health council's ongoing efforts to inform the Tribal Governor or County Commission of ongoing efforts as it relates to comprehensive, community-based health planning.

-\$3000

3. Build and sustain council capacity by attendance and participation at regional health council gathering(s) throughout the contract year as scheduled within each region by NMDOH and/or the Statewide Annual NM Alliance of Health council gathering. Proof of deliverable will include an evaluation provided by the host of the gathering to be completed by participants.

- \$2,333

4. Promote health council, its mission, and successes through factsheet development and presentations. Review, update, and date health council one-page factsheet which shall highlight the health council's mission, vision, goals, objectives, and successes referencing applicable data and updated priorities chosen in FY23. Leveraging done with this funding should be reflected. Proof of deliverable shall include a copy of the factsheet. Deliver presentations which utilize the factsheet as part of the delivery. Presentations may include the

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 this proposed purchase and all other outstanding purchase commitments and accounts payable.

Authorized Signature

REC CLERK RECORDED 03/01/2024



State of New Mexico Purchase Order

PO Number to be on all Invoices and Correspondence

Page: 2

Department of Health

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

Dispatched

Purchase Order	Date	Revision
66500-0000193402	08-15-2023	
Payment Terms	Freight Terms	Ship Via
Pay Now	FOB Destination	Best Way
Buyer	Phone	Currency
BIANCA SALCIDO		USD

Dispatch Via Print

Supplier: 0000054297
SANTA FE COUNTY
FINANCE DIVISION/ACCOUNTS
RECEIVABLE
P O BOX 276
SANTA FE NM 87504-0276
United States

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	Quantity	UOM	PO Price	Extended Amt	Due Date
	members of the Legislature, LFC, NM Council of Governments, local governments or other entities that support the work of health councils, and/or Public Health Day at the 2024 NM Legislature. Provide proof of presentation a factsheet dissemination with summary report of information presented, participants, comments received, and strategies proposed. - \$3,000					
	5. Focus on a minimum of one identified health council priority where research and implementation of best practices is applied. Using recently developed CHIP, implement at least one strategy applied and document any related impact. Proof of deliverable will entail an action plan implementation report that can include a SMART Goals Tracker, Health Equity Performance Measures, and/or Plan-Do-Study-Act documentation. - \$5,000					

Total PO Amount \$15,333.00

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 this proposed purchase and all other outstanding purchase commitments and accounts payable.

Authorized Signature

STATE OF NEW MEXICO
GENERAL SERVICES DEPARTMENT- PURCHASING DIVISION
TERMS AND CONDITIONS UNLESS OTHERWISE SPECIFIED

SPD-101A (04/19)

1. **GENERAL:** When the State Purchasing Agent issues a purchase document in response to the Vendors bid, a binding contract is created.
2. **VARIATION IN QUANTITY:** No variation in the quantity of any item called for by this order will be accepted unless such variation has been caused by conditions of loading, shipping, packing or allowances in manufacturing process, and then only to the extent, if any, specified elsewhere in this order.
3. **ASSIGNMENT:**
 - A: Neither the order, nor any interest therein, nor claim thereunder, shall be assigned or transferred by the Vendor, except as set forth in subparagraph 3B below or as expressly authorized in writing by the STATE PURCHASING AGENTS OFFICE. No such assignment or transfer shall relieve the Vendor from the obligations and liabilities under this order.
 - B: Vendor agrees that any and all claims for overcharge resulting from antitrust violations which are borne by the State as to goods, services, and materials purchased in connection with this bid are hereby assigned to the State.
4. **STATE FURNISHED PROPERTY:** State furnished property shall be returned to the state upon request in the same condition as received except for ordinary wear, tear, and modifications ordered hereunder.
5. **DISCOUNTS:** Prompt payment discounts will not be considered in computing the low bid. Discounts for payment within 20 days will be considered after the award of the contract. Discounted time will be computed from the date of receipt of the merchandise or invoice, whichever is later.
6. **INSPECTION:** Final inspection and acceptance will be made at the destination. Supplies rejected at the destination for non-conformance with specifications shall be removed, at the Vendors risk and expense, promptly after notice of rejection.
7. **INSPECTION OF PLANT:** The State Purchasing Agent may inspect, at any reasonable time, the part of the contractors, or any subcontractor's plant or place of business, which is related to the performance of this contract.
8. **COMMERCIAL WARRANTY:** The Vendor agrees that the supplies or services furnished under this order shall be covered by the most favorable commercial warranties the Vendor gives to any customer for such supplies or services, and that the rights and remedies provided herein shall extend to the State and are in addition to and do not limit any rights afforded to the State by any other cause of this order. Vendor agrees not to disclaim warranties of fitness for a particular purpose or merchantability.
9. **TAXES:** The unit price shall exclude all State taxes.
10. **PACKING, SHIPPING AND INVOICING:**
 - A: The States purchase document number and the Vendors name, users name and location shall be shown on each packing and delivery ticket, package, bill of lading and other correspondence in connection with the shipment. The users count will be accepted by the Vendor as final and conclusive on all shipments not accompanied by a packing ticket.
 - B: The Vendors invoice shall be submitted in triplicate, duly certified and shall contain the following information: order number, description of supplies or services, quantities, unit prices and extended totals. Separate invoices shall be rendered for each and every complete shipment.
 - C: Invoices must be submitted to the using agency and NOT THE STATE PURCHASING AGENT.
11. **DEFAULT:** The State reserves the right to cancel all or any part of this order without cost to the State, if the Vendor fails to meet the provisions of this order and, except as otherwise provided herein, to hold the Vendor liable for any excess cost occasioned by the State due to the Vendors default. The Vendor shall not be liable for any excess costs if failure to perform the order arises out of causes beyond the control and without the fault or negligence of the Vendor, such causes include, but are not restricted to, acts of God or of the public enemy, acts of the State or of the Federal Government, fires, floods, epidemics, quarantine restrictions, strikes, freight embargos, unusually severe weather and defaults of subcontractors due to any of the above, unless the State shall determine that the supplies or services to be furnished by the subcontractor where obtainable from other sources in sufficient time to permit the Vendor to meet the required delivery scheduled. The rights and remedies of the State provided in this paragraph shall not be exclusive and are in addition to any other rights now being provided by law or under this order.
12. **NON-COLLUSION:** In signing this bid, the Vendor certifies he/she has not, either directly or indirectly, entered into action in restraint of free competitive bidding in connection with this proposal submitted to the State Purchasing Agent.
13. **NON-DISCRIMINATION:** Vendors doing business with the State of New Mexico must be in compliance with the Federal Civil Rights Act of 1964 and Title VII of that Act, Rev., 1979.
14. **THE PROCUREMENT CODE:** Sections 13-1-28 through 13-1-199 NMSA 1978 imposes civil and criminal penalties for its violation.
In addition, the New Mexico criminal statutes impose felony penalties for bribes, gratuities and kickbacks.
15. All bid items are to be NEW and most current production, unless otherwise specified.
16. **PAYMENT FOR PURCHASES:** Except as otherwise agreed to: late payment charges may be assessed against the user state agency in the amount and under the conditions set forth in section 13-1-158 NMSA 1978.
17. **WORKERS COMPENSATION:** The Contractor agrees to comply with state laws and rules pertaining to workers compensation benefits for its employees. If the Contractor fails to comply with Workers Compensation Act and applicable rules when required to do so, this (Agreement) may be terminated by the contracting agency.
18. **GENERAL SERVICES STATEWIDE PRICE AGREEMENT:** Any purchase order entered into pursuant to a Statewide Price Agreement incorporates by this language all the terms and conditions of that Statewide Price Agreement and by accepting payment under this purchase order the Contractor agrees to and accepts all the terms and conditions of the Statewide Price Agreement.

SPC CLERK RECORDED 03/01/2024