

SANTA FE COUNTY

RESOLUTION 2018 - 101

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 Fund Name: (223) Indigent Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2019 (July 1, 2018 - June 30, 2019)

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
223	0000	385	02-00	Budgeted Cash	500,162	
TOTAL (if SUBTOTAL, check here)					\$500,162	

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	50-03	Contractual/Professional	450,162	
223	0420	461	50-15	Software Licenses/Maintenance	50,000	
TOTAL (if SUBTOTAL, check here)					500,162	

Requesting Department Approval: Petricela (fbo) Title: CSD Director Date: _____

Finance Department Approval: [Signature] Date: 9/25/18 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 9/27/18 Updated by: _____ 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
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
TOTAL (if SUBTOTAL, check here)						

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Gina Capener Dept/Div: CSD Phone No.: 992-9830

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 Santa Fe County Community Services Department (CSD) request a budget increase to the Indigent Fund (223) in the amount of \$500,162.00.

With the Fiscal Year 2019 budget, the Finance Division moved away from the past practice of rolling over prior fiscal year purchase orders except for capital expenditures. Because CSD's multiple year contracts are not capital, the associated purchase orders did not roll over from Fiscal Year 2018 to Fiscal Year 2019. Finance staff is working with CSD to include amounts needed for these contractual services in their budget requests in future years.

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: Gina Capener Dept/Div: CSD Phone No.: 992-9830

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 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 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

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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 25 Day of September, 2018.



Santa Fe Board of County Commissioners

Anna C. Hansen

Anna C. Hansen, Chairperson

Geraldine Salazar

Geraldine Salazar, 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 27TH Day Of September, 2018 at 04:26:22 PM And Was Duly Recorded as Instrument # 1868706 Of The Records Of Santa Fe County

G. Strella
Deputy

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



FY 19 HCAP Contracts (223-0420-461)

TOTAL Needed:	\$	2,059,062.41
Existing FY 19		
Budget 50-03	\$	1,558,900.00
Budget Increase Request:	\$	500,162.41

PO #	Provider Name	223-0420-461-50-03
191249	Las Cumbres Community Services	\$ 60,961.00
191052	Munro, Jaqueline R DBA Stories for Change	\$ 20,000.00
191388	Santa Fe Public Schools-Adalante	\$ 62,500.00
191389	Santa Fe Public Schools-Teen Parent	\$ 62,500.00
191650	Perez, Maria	\$ 700.00
191588	Interfaith Community Shelters	\$ 50,000.00
191586	The Life Link	\$ 62,500.00
191296	St. Elizabeth Shelter	\$ 35,000.00
191297	United Way of Santa Fe County	\$ 35,000.00
191585	Healthcare Perspective LLC	\$ 25,410.41
191506	MIHO	\$ 18,600.00
191740	La Familia Medical Center	\$ 537,839.60
191651	Pecos Valley Medical Center	\$ 40,737.92
191741	First Choice	\$ 32,400.00
191505	HBSA/PIRE	\$ 60,063.48
191589	Health Action NM	\$ 54,000.00
191619	NM Immigrant Law Center	\$ 12,500.00
Req	Maria Perez	\$ 3,600.00
Req	Share NM	\$ 15,000.00
Req	Fund Diversification and Development	\$ 75,000.00
Req	MIHO (9 mos)	\$ 41,850.00
	NM Immigrant Law (6 mos.)	\$ 12,500.00
	HANM (6 mos)	\$ 37,500.00
	La Familia Medical Center (6 mos)	\$ 378,000.00
	Pecos Valley Medical Center (6 mos)	\$ 36,250.00
	First Choice (6 mos)	\$ 32,400.00
	HBSA/PIRE (6 mos)	\$ 60,000.00
	Clinical Social Worker Support for AHC	
	Navigators and Clients (6 mos)	\$ 60,000.00
	Southwest Care Uncompensated Care and	
	Navigation (6 mos)	\$ 36,250.00
	Clinic Audit Services	\$ 50,000.00
	TOTAL:	\$ 2,009,062.41
	Unite Us Case Sharing and Social Needs Software	
		223-0420-461-50-15
		\$ 50,000.00

\$ 10,290,650.41

SFC CLERK RECORDED 09/27/2018