

**SANTA FE COUNTY
RESOLUTION 2019 - 9**

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

Whereas, the Board of County Commissioners meeting in regular session on January 29, 2019, did request the following budget adjustment:

Department / Division: CSD/Health Services Fund Name: Indigent Fund (220)
 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
220	0000	385	0400	Indigent Fund/Budgeted Cash/Special Assessments	\$75,373	
TOTAL (if SUBTOTAL, check here)					\$75,373	

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	7201	Indigent Fund/Health Svcs/Health Care Assistance	\$75,373	
TOTAL (if SUBTOTAL, check here)					\$75,373	

Requesting Department Approval: [Signature] Title: CSD Director Date: 1/10/19
 Finance Department Approval: [Signature] Date: 1/9/19 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 1/29/19 Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Patricia Boies Dept/Div: CSD/Health Phone No. : (505)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.

Pursuant to Section 27-5-6.2 NMSA 1978, HSD annually submits an invoice to Santa Fe County for payment of the county's obligation to the Safety Care Net Pool. The State Safety Care Net Pool was implemented after the federal Affordable Care Act was enacted to ensure that county governments meet their statutory obligations to provide or pay for the care of indigent patients. The county must contribute an amount equal to 1/12% of matched gross receipts from the prior fiscal. The budget office, along with the Community Service Department, makes an estimate during the budget season based on anticipated gross receipts in the county. The invoice received in FY2019 was for \$3,389,939, while \$3,314,566 was budgeted prior to the receipt of the invoice. An additional amount of \$75,373 is needed to meet the county's annual obligation to HSD.

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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DEPARTMENT CONTACT:

Name: Patricia Boies Dept/Div: CSD/Health Phone No.: (505)995-9538

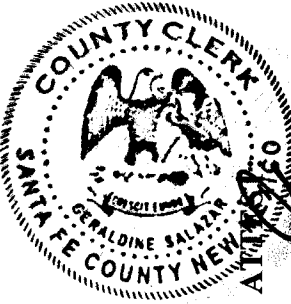
DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 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 NO NO
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES NO 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 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 29th Day of January, 2019.



Santa Fe Board of County Commissioners

Anna J. Hamblen
Chairperson

Geraldine Salazar
Geraldine Salazar, County Clerk



BCC RESOLUTIONS
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COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 30TH Day Of January, 2019 at 12:06:34 PM And Was Duly Recorded as Instrument # 1877903 Of The Records Of Santa Fe County

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

M. Martinez

SFC CLERK RECORDED 01/30/2019

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