

SANTA FE COUNTY

RESOLUTION 2000 - 99

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

1801720

Whereas, the Board of County Commissioners meeting in regular session on August 29, 2000, did request the following budget adjustment:

Department / Division: Community Health & Economic Dev./Indigent Fund Fund Name: Indigent Fund

Budget Adjustment Type: Budget Increase Fiscal Year: 2001 (July 1, 2000 - June 30, 2001)

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	0200	Budgeted Cash / State Funds	2,026,097	
220	0000	390	0000	Operating Transfer In / Non-Revenue Receipt	400,000	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					2,426,097	

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	7016	Other Operating Costs / State Supported Medicaid	147,270	
220	0420	461	7017	Other Operating Costs / Sole Community Provider	2,278,827	
232	0000	490	0100	Operating Transfers Out	400,000	
232	0421	461	5090	Contractual Services / Other Contractual Services		400,000
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					2,826,097	400,000

Requesting Department Approval: Robert A. Anaya Title: Director Date: _____

Finance Department Approval: [Signature] Date: 8/25/00 Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 8-29-00

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/Indigent Fund

Phone #: 992-3060

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.

This request increases the Indigent Fund budget to fully fund required contributions to the NM Department of Human Services Medicaid and Sole Community Provider programs. The purpose of this portion of this request is to budget monies to meet the required obligation to the State of New Mexico.

The request also increases the Indigent Fund budget to fund voluntary contributions to the NM Department of Human Services supplemental Sole Community Provider program. The purpose of this portion of this request is to allow Espanola, Holy Cross (Taos), Los Alamos, and St. Vincent's Hospitals to receive approximately \$ 7,720,772 in additional SCP funding.

- 2) Why was this request not included in the Fiscal Year 2001 Operating Budget?

Santa Fe County was not notified of, its required obligation until after the operating budget cycle; and the availability of the supplemental funding until August of 2000. Therefore, we were unable to include the request in the FY-2001 Operating Budget.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This budget increase and the resulting expenditures are non-recurring. There will be no future funding impacts.

- 4) 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, cite statute and attach a copy.

This request includes County match for state funding to be paid to the four hospitals.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

This is not a state or federal grant.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/Indigent Fund

Phone #: 992-3060

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

- 4) (Continued):
 - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.
This request is not the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other available funds that can be used to match this request.
- 5) If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.
This request does not include capital outlay.
- 6) Does this request have an FTE impact for the department/division? If request increases FTE, include number of positions, position type (term, permanent, etc.), and the future funding impact and revenue source.
This request has no FTE impact.

1801722

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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 August, 2000.

1801723

Santa Fe Board of County Commissioners

Richard D. Anaya
Richard D. Anaya, Chairperson



Rebecca Bustamante
Rebecca Bustamante, County Clerk

Approved As To Form.

By [Signature]
Santa Fe County Attorney

1127906
COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 30 day of Aug A.D.
20 00 at 1:26 o'clock P.m
and was duly recorded in book 1801
page 720-723 of the records of
Santa Fe County.

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.
[Signature]
Deputy

