

SANTA FE COUNTY

RESOLUTION 1999 - 104

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

Whereas, the Board of County Commissioners meeting in regular session on August 31, 1999, did request the following budget adjustment:

Department/Division: Health & Human Services/Housing Authority

Fund Name: 1996 & 1998 CIAP Programs

Budget Adjustment Type: Budget Increase/Transfer Between Funds

Fiscal Year: 2000: (July 1, 1999 - June 30, 2000)

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
301	0000	372	03-01	Housing & Urban Development (HUD)/CIAP	3,754	
517	0000	390	00-00	Operating Transfers In/Non-Revenue Receipts	50,000	
301	0000	372	03-01	Housing & Urban Development (HUD)/CIAP		3,165
TOTAL (if SUBTOTAL, check here)					53,754	3,165

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
301	1561	471	30-03	In-State Meals & Lodging	146	
301	1561	471	40-01	Buildings & Structures		5,000
301	1561	471	40-06	Equipment	2,682	
301	1561	471	70-33	Seminars & Workshops	926	
TOTAL (if SUBTOTAL, check here x)					3,754	5,000

Requesting Department Approval: Robert A. Anaya

Title: Executive Director

Date: 08/17/99

Finance Department Approval: Katharine Miller Date: 8/31-99

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 9-1-99

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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
301	1561	471	70-06	Garbage & Sewer	5,000	
301	0000	490	01-00	Operating Transfers Out	50,000	
301	1560	471	30-02	Out-of-State Mileage & Fares	640	
301	1560	471	30-03	In-State Meals & Lodging	189	
301	1560	471	30-04	Out-of-State Meals & Lodging	189	
301	1560	471	40-01	Building & Structures	15,156	
301	1560	471	40-03	Grounds & Roadways		16,965
301	1560	471	70-33	Seminars & Workshops	96	
301	1560	471	80-02	Building Capitalized Contractual Svc		2,470
TOTAL (if SUBTOTAL, check here _____)					75,024	24,435

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Health & Human Services/Housing Authority

Phone #: 424-2060

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 1996 and 1998 CIAP Program County budgets to their HUD budget balances. It also budgets a probable cash transfer between 1996 CIAP and the Public Housing Operating fund for the CIAP Coordinator. The BAR is necessary so that the balance of these funds are available for expenditure and transfer.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?

\$ 288,635 was forecast at the time of budget preparation as being available for expenditure in the FY-2000 Operating Budget. The actual HUD budget balance available was \$ 309,224.66. This BAR addresses the discrepancy.

- 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 are 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 is not a state special appropriation.

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

Federal Grant Name	: 1996 CIAP Program	Federal Grant Number	: NM02P050910-96
	1998 CIAP Program		NM02P050911-98
Award Date	: 09/16/96	Award Amount	: \$ 1,017,355
	09/30/98		\$ 220,000

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Health & Human Services/Housing Authority

Phone #: 424-2060

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.

The adjustment of (\$ 2,470.00) to the Capital Purchases Category is made to match the County budget balance to the HUD budget balance. The remaining budget balance will be used for Computer Equipment and Software.
- 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.

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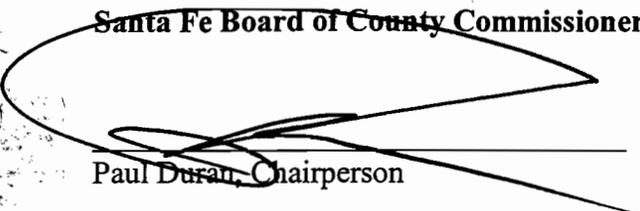
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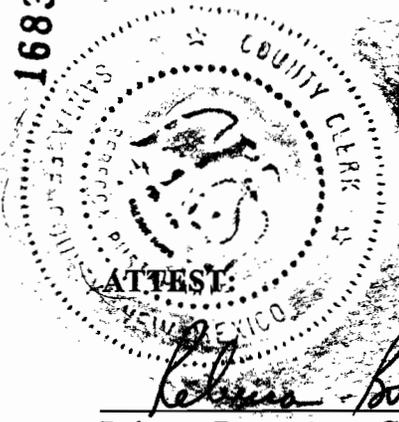
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

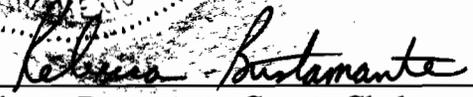
Approved, Adopted, and Passed This 31st Day of August, 1999.

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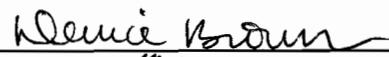
Santa Fe Board of County Commissioners


Paul Duran, Chairperson

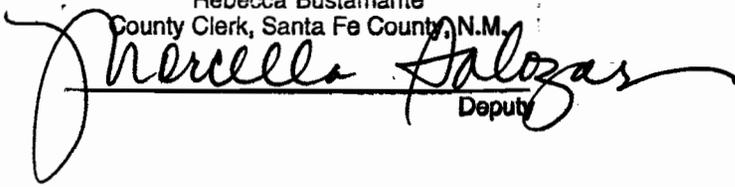



Rebecca Bustamante, County Clerk

Approved As To Form.

By 
Denice Brown, County Attorney

1089. 107
COUNTY OF SANTA FE)SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 7 day of Sept A.D.
19 99, at 9:47 o'clock a m
and was duly recorded in book 1683
page 541-545 of the records of
Santa Fe County.

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

Deputy