

SANTA FE COUNTY

RESOLUTION 1999- 105

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: 1998 Public Housing Drug Elimination Program

Budget Adjustment Type: Budget Increase

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

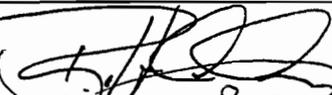
BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
230	0000	372	03-00	Federal Grants/Housing & Urban Development	1,554	
TOTAL (if SUBTOTAL, check here)					1,554	

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
230	1556	471	30-03	In-State Meals & Lodging		96
230	1556	471	50-90	Other Contractual Services		500
230	1556	471	60-08	Field Supplies	1,250	
230	1556	471	70-33	Seminars & Workshops	400	
TOTAL (if SUBTOTAL, check here <u>x</u>)					1,650	596

Requesting Department Approval: Robert A. Anaya



Title: Executive Director

Date: 08/17/99

Finance Department Approval: Katherine Miller Date: 8-31-99

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 8-1-99

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

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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
230	1556	471	80-13	Capitalized Infrastructure	500	
TOTAL (if SUBTOTAL, check here _____)					2,150	596

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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 1998 Public Housing Drug Elimination Grant to it's HUD budget balance. The BAR is necessary so that the balance of this fund is available for expenditure.

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

\$ 64,000.00 was forecast at the time of budget preparation as being available for expenditure in the FY-2000 Operating Budget. The actual budget balance was \$ 65,554.02. 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	: 1998 Public Housing Drug Elimination Grant	Federal Grant Number	: NM02DEP0500198
Award Date	: 12/15/98	Award Amount	: \$ 66,300.00

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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.

This request increases the Capital Purchases category by \$ 500.00. This is being done so that the County and HUD budgets will match. \$ 3,000.00 is budgeted in total for the Capitalized Infrastructure line item. These funds will be used for site and building improvements at the Valle Vista Community Center and Boys & Girls Club.

- 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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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.

1683550

Santa Fe Board of County Commissioners

[Signature]
Paul Duran, Chairperson



ATTEST:
[Signature]
Rebecca Bustamante, County Clerk



Approved As To Form.

By *[Signature]*
Denice Brown ~~County~~ County Attorney

1089.108
COUNTY OF SANTA FE)
STATE OF NEW MEXICO)SS
I hereby certify that this instrument was filed
for record on the 31 day of Sept A.D.
19 99, at 9:48 o'clock a m
and was duly recorded in book 1083
page 540-550 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