

# SANTA FE COUNTY

## RESOLUTION 1999- 148

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

Whereas, the Board of County Commissioners meeting in regular session on November 30, 1999, did request the following budget adjustment:

Department/Division: Health & Human Services\Housing Authority

Fund Name: 1999 CIAP 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
301	1562	372	03-01	Housing & Urban Development (HUD)\CIAP	421,314	
<b>TOTAL (if SUBTOTAL, check here )</b>					421,314	

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	1562	471	10-26	Term Employees	30,658	
301	1562	471	20-01	FICA: Regular	1,901	
301	1562	471	20-02	FICA: Medicare	444	
301	1562	471	20-03	Retirement Contributions	5,828	
<b>TOTAL (if SUBTOTAL, check here x )</b>					38,831	

Requesting Department Approval: Robert A. Anaya

Title: Executive Director

Date: 11/19/99

Finance Department Approval: [Signature] Date: 11/29/99

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 11-30-99

1712704

# SANTA FE COUNTY

## RESOLUTION 1999- 148

### BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

1712705

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
<b>TOTAL (if SUBTOTAL, check here )</b>						

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	1562	471	20-05	Health Care	2,986	
301	1562	471	20-06	Retirement Health Care	314	
301	1562	471	30-02	Out-of-State Mileage & Fares	4,000	
301	1562	471	30-03	In-State Meals & Lodging	1,000	
301	1562	471	30-04	Out-of-State Meals & Lodging	5,000	
301	1562	471	40-01	Maintenance: Buildings & Structures	270,199	
301	1562	471	40-03	Maintenance: Grounds & Roadways	50,000	
301	1562	471	60-01	Inventory Exempt	5,000	
301	1562	471	70-33	Seminars & Workshops	10,000	
301	1562	471	80-03	Equipment & Machinery	11,066	
301	1562	471	80-04	Furniture & Fixtures	5,000	
301	1562	471	80-09	Vehicles	17,918	
<b>TOTAL (if SUBTOTAL, check here )</b>					421,314	

**SANTA FE COUNTY**  
**RESOLUTION 1999- 148**

*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 establishes an initial budget for the 1999 CIAP Program. The purpose of this BAR is to set-up a budget to allow the Housing Authority to begin to expend the funding.

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

This funding was approved by HUD on November 5, 1999, so we were unable to include the request in the FY-2000 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 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	: 1999 CIAP Program	Federal Grant Number	: NM02P050912-99
Award Date	: 11/05/99	Award Amount	: \$ 421,314

1712706

**SANTA FE COUNTY**  
**RESOLUTION 1999- 148**

*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 following Capital Outlay items are included in this request:

  - \$ 11,066 Computer & Office Equipment Upgrades and Replacement
  - \$ 5,000 Office Furniture Replacement
  - \$ 17,918 Truck for Maintenance/Office Use
- 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. This BAR supports an exiting Term FTE.

1712707

SANTA FE COUNTY

RESOLUTION 1999- 148

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 30th Day of November, 1999.

Santa Fe Board of County Commissioners

*Joe S. Grine, Jr.*  
Joe S. Grine, Jr., Chairperson

1712708



*Rebecca Bustamante*  
Rebecca Bustamante, County Clerk



Approved As To Form.

By *Denice Brown*  
Denice Brown, County Attorney

1098534 )SS  
COUNTY OF SANTA FE )  
STATE OF NEW MEXICO )  
I hereby certify that this instrument was filed  
for record on the 1 day of Dec A.D.  
19 99, at 8:24 o'clock a m  
and was duly recorded in book 1712  
page 704-708 of the records of  
Santa Fe County.

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

*Marcelle Salzer*  
Deputy