

SANTA FE COUNTY

RESOLUTION 1999- 149

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: 1996 CIAP Program\Public Housing Operations Fund

Budget Adjustment Type: Budget Decrease

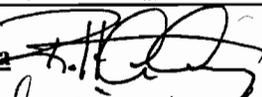
Fiscal Year: 2000: (July 1, 1999 - June 30, 2000)

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
517	0000	390	00-00	Operating Transfers In		1,348
301	0000	372	03-01	Intergovernmental Grants (HUD)		1,348
TOTAL (if SUBTOTAL, check here)						2,696

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	1560	490	01-00	Operating Transfers Out		1,348
517	1530	471	10-26	Term Employees		1,348
TOTAL (if SUBTOTAL, check here)						2,696

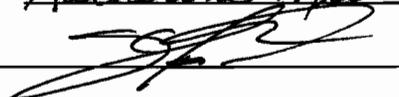
Requesting Department Approval: Robert A. Anaya 

Title: Executive Director

Date: 11/19/99

Finance Department Approval: Katherine Miller Date: 11/24/99

Entered by: _____ Date: _____

County Manager Approval:  Date: 11-30-99

1712709

SANTA FE COUNTY
RESOLUTION 1999- 149

1712710

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 adjusts a budgeted transfer between the 1996 CIAP Program (Fund 301) and Public Housing Operations (Fund 517). SF County Housing Authority initially budgeted an estimated transfer in the amount of \$ 29,971. The amount that was actually available in FY-2000 is \$ 28,623. The purpose of the BAR is to adjust the budgeted transfer to the actual amount available.

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

An estimated transfer of \$ 29,971 was included in the FY-2000 Operating Budget. The actual amount available is \$ 28,623. This BAR addresses this 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
Award Date	: 09/16/96	Award Amount	: \$ 1,017,355

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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 BAR does not impact the Capital Purchases category.
- 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.

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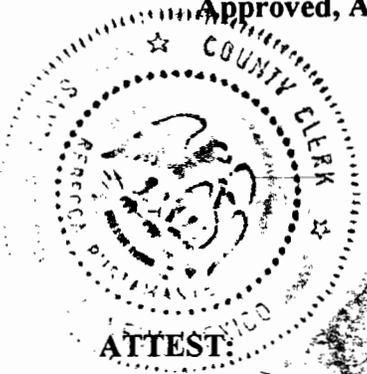
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

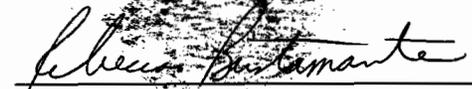
Approved, Adopted, and Passed This 30th Day of November, 1999.

Santa Fe Board of County Commissioners



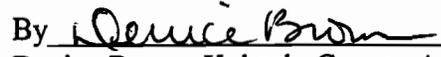
Joe S. Grine, Jr., Chairperson





Rebecca Bustamante, County Clerk

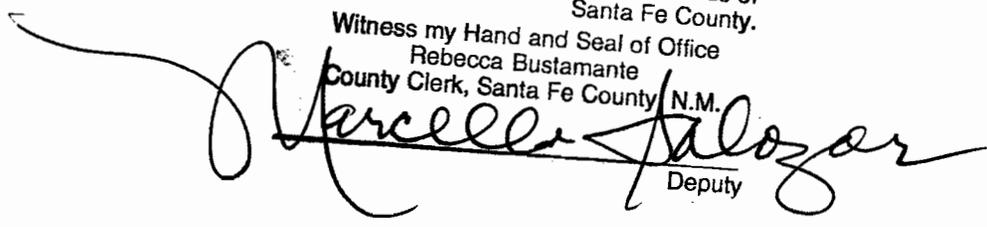
Approved As To Form.

By 

Denice Brown ~~Kuloch~~, County Attorney



1098535
COUNTY OF SANTA FE)SS
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 8:25 o'clock a m
and was duly recorded in book 1712
page 709-712 of the records of
Santa Fe County.

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


Deputy