

# SANTA FE COUNTY

## RESOLUTION 1999- 165

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

Whereas, the Board of County Commissioners meeting in regular session on December 28, 1999, did request the following budget adjustment:

Department/Division: Health & Human Services\Housing Authority

Fund Name: 1996 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	0000	372	03-01	Intergovernmental Grants (HUD)	50,000	
<b>TOTAL (if SUBTOTAL, check here )</b>					50,000	

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
517	1560	471	10-26	Term Employees	<del>36,84</del> 36,384	
517	1560	471	20-01	FICA: Regular	2,256	
517	1560	471	20-02	FICA: Medicare	527	
517	1560	471	20-03	PERA	6,917	
<b>TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/> )</b>					46,084	

Requesting Department Approval: Robert A. Anava

Title: Executive Director

Date: 12/14/99

Finance Department Approval: Katherine Miller Date: \_\_\_\_\_

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

County Manager Approval: Date: 12/29/99 12-29-99

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# SANTA FE COUNTY

## RESOLUTION 1999- 165

### 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
<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
517	1560	471	20-05	Health Care	3,543	<b>1721941</b>
517	1560	471	20-06	Retiree Health	364	
517	1560	471	20-08	Worker's Compensation	9	
<b>TOTAL (if SUBTOTAL, check here )</b>					50,000	

**SANTA FE COUNTY**  
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*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

**Name:** Robert A. Anava

**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 expenditures for a budgeted transfer between the 1996 CIAP Program (Fund 301) and Public Housing Operations (Fund 517) that has already been made. SF County Housing Authority made the revenue transfer in October without transferring budgeted expenses. The purpose of the BAR is to adjust the expenses to match the revenue transfer.

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

The transfer was not included in the FY-2000 Operating Budget because the SF County Housing Authority had not received permission to do so from the US Department of Housing and Urban Development.

- 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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**SANTA FE COUNTY**

**RESOLUTION 1999- 165**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name: Robert A. Anava**

**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.):**

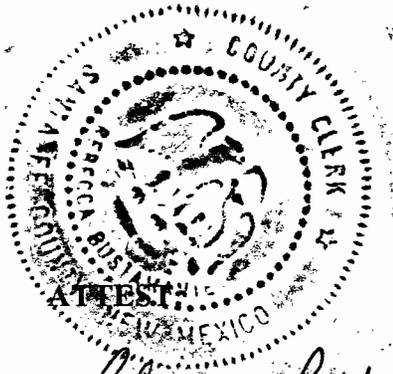
- 4) (Continued):
  - c) If this request is a result of Commission action, please cite and attach a copy of supporting documentation.  
This request is not the result of Commission action.
  - d) Please identify other funding sources that can be used to match this request.  
There are no other available 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 supports an existing term position (CIAP Coordinator).

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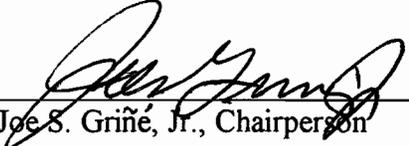
SANTA FE COUNTY  
RESOLUTION 1999- 165

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 28th Day of December, 1999.



Santa Fe Board of County Commissioners

  
Joe S. Griñe, Jr., Chairperson

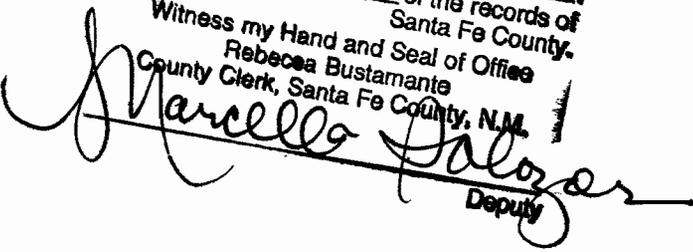


  
Rebecca Bustamante, County Clerk

Approved As To Form.

By   
Denice Brown, County Attorney

1101 471  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I hereby certify that this instrument was filed  
for record on the 29 day of Dec A.D.  
19 99, at 12:11 o'clock P  
and was duly recorded in book 1721  
page 940 - 944 of the records of  
Santa Fe County.

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

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