

SANTA FE COUNTY

RESOLUTION 1999 - 65

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

Whereas, the Board of County Commissioners meeting in regular session on May 25, 1999, did request the following budget adjustment:

Department/Division: Administrative Services/Housing Services

Fund Name: Section 8 Existing Certificates/PH Administration

Budget Adjustment Type: Budget Transfer Between Funds

Fiscal Year: 1999 (July 1, 1998 - June 30, 1999)

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/Non-Revenue Receipt | 36,565.00 | |
| 228 | 0000 | 381 | 01-00 | Subsidies/Housing & Urban Development (HUD) | 36,565.00 | |
| TOTAL (if SUBTOTAL, check here <input type="checkbox"/>) | | | | | 73,130.00 | |

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 | 0750 | 471 | 10-26 | Term Employees | 26,835.00 | |
| 517 | 0750 | 471 | 20-01 | FICA (Regular) | 1,838.00 | |
| 517 | 0750 | 471 | 20-02 | FICA (Medicare) | 215.00 | |
| 517 | 0750 | 471 | 20-03 | Retirement Contributions | 5,101.00 | |
| TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>) | | | | | 33,989.00 | |

Requesting Department Approval: Robert A. Anaya Andrew Chang

Title: Executive Director, SFCHS Date: 05/11/99

Finance Department Approval: Donna Jay Date: 5-20-99

Entered by: _____ Date: _____

County Manager Approval: Paul Hoy Date: 5/25/99

1645647

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

1645648

| FUND CODE XXX | DEPARTMENT/ DIVISION XXXX | ACTIVITY BASIC/SUB XXX | ELEMENT/ OBJECT XXXX | REVENUE NAME | INCREASE AMOUNT | DECREASE AMOUNT |
|---|---------------------------------|------------------------------|----------------------------|-----------------|--------------------|--------------------|
| | | | | | | |
| TOTAL (if SUBTOTAL, check here <input type="checkbox"/>) | | | | | | |

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 | 0750 | 471 | 20-05 | Health Care | 2,415.00 | |
| 517 | 0750 | 471 | 20-06 | Retirement Health Care | 153.00 | |
| 517 | 0750 | 471 | 20-08 | Workers Comp (Assessment) | 8.00 | |
| 228 | 0000 | 490 | 01-00 | Operating Transfers Out | 36,565.00 | |
| TOTAL (if SUBTOTAL, check here <input type="checkbox"/>) | | | | | 73,130.00 | |

SANTAFE COUNTY

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1645649

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Administrative Services\Housing Services

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 transfers funds from the Section 8 Existing Certificate Program fund to the Public Housing Administrative fund to reimburse the Public Housing Administrative fund for a portion of the Wages and Employee Benefits of the Section 8 FSS Coordinator.

2) **Why was this request not included in the Fiscal Year 1999 Operating Budget?**

The Wages and Employee Benefits for the Section 8 FSS Coordinator are expended from the Public Housing Administrative fund, and a portion is reimbursed to the fund once a year.

3) **Is the transfer recurring or non-recurring and what are the future funding impacts of this request?**

This transfer is non-recurring. Funding is being provided by the U.S. Department of Housing and Urban Development to provide Family Self-Sufficiency counseling to Section 8 clients.

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 : Section 8 Existing Certificate Program (FSS Coordinator)
Federal Grant Number : NM 050 CE 0F04/001
Award Date : August 28, 1998
Initial Award Amount : \$ 36,565.00

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

1645650

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Administrative Services\Housing Services

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. These funds were granted by the U.S. Department of Housing and Urban Development to Santa Fe County to provide Family Self-Sufficiency counseling to Section 8 clients.

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. These funds are specifically designated for this use.

5) **If this request impacts the Capital Purchases category, please detail items to be purchased and what they will be used for.**

This request 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.

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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 25th Day of May, 1999.

Santa Fe Board of County Commissioners

Paul Duran, Chairperson



Rebecca Bustamante, County Clerk

Approved As To Form.

By Denice Brown
Denice Brown ~~Kelso~~, County Attorney



COUNTY OF SANTA FE
STATE OF NEW MEXICO ¹⁰⁷⁶ ¹⁴⁴ ^{SS}
I hereby certify that this instrument was filed
for record on the 26 day of MAY A.D.
19 99, at 3:59 o'clock P.M.
and was duly recorded in book 1645
page 650-651 of the records of
Santa Fe County.

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