

SANTA FE COUNTY

RESOLUTION 1999 - 73

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

Whereas, the Board of County Commissioners meeting in regular session on June 29, 1999, did request the following budget adjustment:

Department/Division: Health and Human Services/Housing Services

Fund Name: 1996 CIAP Program/Public Housing 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	10,377.00	
<b>TOTAL (if SUBTOTAL, check here )</b>					10,377.00	

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	7,595.00	
517	0750	471	20-01	FICA (Regular)	471.00	
517	0750	471	20-02	FICA (Medicare)	111.00	
517	0750	471	20-03	Retirement Contributions	1,444.00	
<b>TOTAL (if SUBTOTAL, check here x )</b>					9,621.00	

Requesting Department Approval: Robert A. Anaya

Title: Executive Director, SFCHS

Date: 06/04/99

Finance Department Approval: Katherine Miller Date: 6-22-99

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

County Manager Approval: Sam Kelly Date: 6/29/99

1659038

# SANTA FE COUNTY

## RESOLUTION 1999 - 73

### 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>						

1659039

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	680.00	
517	0750	471	20-06	Retirement Health Care	76.00	
301	0759	490	01-00	Operating Transfers Out/Operating Transfers Out	10,377.00	
301	0759	471	10-26	Term Employees		7,595.00
301	0759	471	20-01	FICA (Regular)		471.00
301	0759	471	20-02	FICA (Medicare)		111.00
301	0759	471	20-03	Retirement Contributions		1,444.00
301	0759	471	20-05	Health Care		680.00
301	0759	471	20-06	Retirement Health Care		76.00
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>20,754.00</b>	<b>10,377.00</b>

SANTA FE COUNTY  
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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Health and Human 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.):

1659040

1) Please summarize the request and its purpose.

This request transfers funds from the 1996 CIAP Program fund to the Public Housing Administrative fund to reimburse the Public Housing Administrative fund for the Salary and Employee Benefits for the CIAP Coordinator incurred during fiscal year 1999.

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

These funds were included in the 1996 CIAP Program in the Salary & Wages and Employee Benefits categories. However, the CIAP Coordinator Wages and Employee Benefits are charged to the Public Housing Administrative fund. This BAR reimburses the Public Housing Administrative fund.

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 for modernization work at the three public housing sites in the county.

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 Comprehensive Improvement Assistance Program  
Federal Grant Number : NM 02 P050910-96  
Award Date : September 16, 1996  
Initial Award Amount : \$ 1,017,355.00

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Health and Human 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 in FY-'96 for modernization activities at the three county public housing sites.

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.

1659041

SANTA FE COUNTY

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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 29th Day of June, 1999.

1659042

Santa Fe Board of County Commissioners

*[Signature]*

Paul Duran, Chairperson



*[Signature]*

Rebecca Bustamante, County Clerk

1080 662

COUNTY OF SANTA FE )  
STATE OF NEW MEXICO )  
I hereby certify that this instrument was filed  
for record on the 30 day of June A.D.  
19 99, at 1:42 o'clock P.m  
and was duly recorded in book 1659  
page 38-42 of the records of  
Santa Fe County.

Approved As To Form.

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

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

*[Signature]*  
Deputy

