

SANTA FE COUNTY

RESOLUTION 2002 - 112

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

Whereas, the Board of County Commissioners meeting in regular session on September 10, 2002, did request the following budget adjustment:

Department / Division: Community and Health Development Department/Housing Authority Fund Name: Capital Fund Program 2001

Budget Adjustment Type: Budget Increase Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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	0466	372	03-01	Housing & Urban Development/CIAP - 2001	99,923	
TOTAL (if SUBTOTAL, check here)					99,923	

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	0466	471	30-02	Out State Mileage & Fares		403
301	0466	471	30-04	Out State Meals & Lodging		2,288
301	0466	471	40-01	Building/Structure	106,316	
301	0466	471	40-03	Grounds/Roadways		10,000
301	0466	471	80-09	Vehicles	6,298	
TOTAL (if SUBTOTAL, check here)					112,614	12,691

Requesting Department Approval: Robert A. Anaya *Robert A. Anaya* Title: Executive Director Date: 8/29/02

Finance Department Approval: Katherine Miller Date: 9.5.02 Entered by: _____ Date: _____

County Manager Approval: John P. Goy Date: 9/10/02

2208371

SANTA FE COUNTY

RESOLUTION 2002 - 112

2208372

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community & Health Development Department

Phone No: 992-3056

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 resolution will increase the Capital Fund Program 2001. Adjustment reconcile to actual expenditures/remaining balances and to HUD budget revisions.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?

Funds were included in the FY 2003 Budget. This budget adjustment realigns the current budget to FY 2002 remaining balances as well as makes revision in response to a recent HUD budget revision.

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

This adjustment is non-recurring, and the grant has been awarded, in full, at the amount provided in line 4 below.

- 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 is not a state special appropriation.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

Grant Name: Capital Fund 2001
 Grant Number: NM02P050501-01
 Award Date: 10/16/2001
 Award Amount: \$520,807

SANTA FE COUNTY

RESOLUTION 2002 - 112

2208373

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community & Health Development Department

Phone No: 992-3056

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 a result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other funding sources being 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 request will not affect 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 does not have an impact on staffing.

SANTA FE COUNTY

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2208374

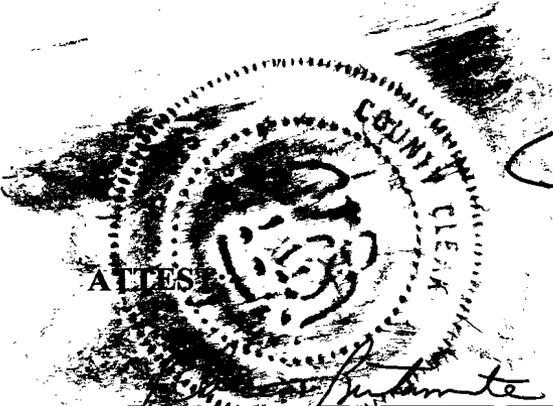
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 10th Day of September, 2002.

Santa Fe Board of County Commissioners

[Handwritten signature of Paul Duran]

Paul Duran, Chairperson



Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Handwritten signature of Steven Kopelman]*
Steven Kopelman, County Attorney



1223445 } SS
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 12 day of SEPT. A.D.
20 02 at 12:15 o'clock P.m.
and was duly recorded in book 2208
page 371-374 of the records of

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.
[Handwritten signature of Marcia Salazar]
Deputy