

2120668

# SANTA FE COUNTY

## RESOLUTION 2002 - 46

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

Whereas, the Board of County Commissioners meeting in regular session on April 30, 2002, did request the following budget adjustment:

Department / Division: C.H.D.D / Housing Authority Fund Name: Public Housing Drug Elimination Grant (230)

Budget Adjustment Type: Budget Transfer and Net Increase Fiscal Year: 2002 (July 1, 2001 - June 30, 2002)

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
230	0456	372	03-05	HUD / Drug Elimination 1999		\$ 50,658
230	0456	372	03-05	HUD / Drug Elimination 1999	\$ 5,662	
230	0467	372	03-00	Federal / Housing & Urban Development (HUD)	50,658	
230	0468	372	03-00	Federal / Housing & Urban Development (HUD)	55,035	
<b>TOTAL (if SUBTOTAL, check here )</b>					<b>111,355</b>	<b>50,658</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
230	0456	471	40-03	Grounds / Roadways		2,000
230	0456	471	50-90	Other Contractual Services		45,658
230	0456	471	80-01	Buildings & Structures		3,000
230	0456	471	80-03	Machinery & Equipment	5,662	
<b>TOTAL (if SUBTOTAL, check here X)</b>					<b>5,662</b>	<b>50,658</b>

Requesting Department Approval: [Signature] Title: DIRECTOR Date: 2/15/02

Finance Department Approval: [Signature] Date: 4/24/02 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 4/26/02

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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
230	0467	471	40-03	Grounds / Roadways	2,000	
230	0467	471	50-90	Other Contractual Services	45,658	
230	0467	471	80-01	Buildings & Structures	3,000	
230	0468	471	50-90	Other Contractual Services	55,035	
<b>TOTAL (if SUBTOTAL, check here )</b>					105,693	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: C.H.D.D. / Housing Authority

Phone No.: 992-3055

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 is a net increase to Fund 230. The purpose of this request is to:

- Reconcile the cash balance of the Federal 1999 Public Housing Drug Elimination Program (PHDEP) for expenditure in fiscal year 2002
- Transfer the Federal 2000 PHDEP budget into its appropriate cost center for expenditure in fiscal year 2002
- Establish the Federal 2001 PHDEP budget for expenditure in fiscal year 2002

- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?

Funds for these grants were budgeted in fiscal year 2002, however; these the 1999 and 2000 grant was not set up in the appropriate cost center and the 2001 grant was not received until after the fiscal year 2002 budget process.

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

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

<u>FEDERAL GRANT NAME</u>	<u>NUMBER</u>	<u>AMOUNT</u>
1999 Public Housing Drug Elimination Grant	NM02DEP05001-99	\$ 48,607
2000 Public Housing Drug Elimination Grant	NM02DEP05001-00	\$ 50,658
2001 Public Housing Drug Elimination Grant	NM02DEP05001-01	\$ 55,035

2120671

**SANTA FE COUNTY**  
**RESOLUTION 2002 - 46**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Robert A. Anava

Dept/Div: C.H.D.D. / Housing Authority

Phone No.: 992-3055

**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 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 request does 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 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 30th Day of April, 2002.

Santa Fe Board of County Commissioners

*[Handwritten Signature]*

Paul Duran, Chairperson



*[Handwritten Signature: Rebecca Bustamante]*

Rebecca Bustamante, County Clerk



Approved As To Form.

By *[Handwritten Signature]*  
Steven Kopelman, County Attorney

1204347  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 1 DAY OF May A.D.  
20 02 AT 2:17 O'CLOCK P.M.  
AND WAS DULY RECORDED IN BOOK 2120  
PAGE 008-072 OF THE RECORDS OF  
SANTA FE COUNTY

WITNESS MY HAND AND SEAL OF OFFICE  
REBECCA BUSTAMANTE  
COUNTY CLERK, SANTA FE COUNTY, N.M.

*[Handwritten Signature]*  
DEPUTY