

2120673.

SANTA FE COUNTY

RESOLUTION 2002 - 47

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: Capital Fund Program (301)

Budget Adjustment Type: Net Budget Decrease

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
301	0465	372	03-01	Housing & Urban Development / CIAP		\$ 68,186
TOTAL (if SUBTOTAL, check here _____)						\$ 68,186

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	0465	471	30-01	In State Mileage & Fares	\$ 500	
301	0465	471	30-02	Out of State Mileage & Fares		1,000
301	0465	471	30-03	In State Meals & Lodging		800
301	0465	471	30-04	Out of State Meals & Lodging		1,000
301	0465	471	40-01	Maintenance / Buildings & Structures		133
301	0465	471	70-33	Seminars & Workshops		2,186
301	0465	471	80-04	Capitalized Furniture & Fixtures		599
301	0465	471	80-09	Vehicles	3,032	
301	0465	490	01-00	Operating Transfers Out		66,000
TOTAL (if SUBTOTAL, check here X)					3,532	71,718

Requesting Department Approval: [Signature] Title: Director Date: 3/12/02

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
517	0430	390	02-00	Operating Transfer In / From Federal Revenues		66,000
TOTAL (if SUBTOTAL, check here _____)						66,000

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	0430	471	10-26	Term Employees		49,963
517	0430	471	20-01	FICA - Regular		3,019
517	0430	471	20-02	FICA - Medicare		707
517	0430	471	20-03	Retirement Contributions		9,498
517	0430	471	20-05	Health Care		2,314
517	0430	471	20-06	Retirement Health Care		499
TOTAL (if SUBTOTAL, check here _____)						66,000

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SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Roberta 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 will be a net decrease to The Santa Fe County Housing Authority Capital Fund (301) in order to reconcile the Fiscal Year 2001 cash balance for the 2000 Capital Fund Program (301-0465) for expenditure in Fiscal Year 2002.
- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?
Funds for The Santa Fe County Housing Authority Capital Fund 301 were budgeted, however; this budget adjustment request will realign the current budget to the Fiscal Year 2001 Cash Balance.
- 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>Grant Number</u>	<u>Amount</u>
2000 Capital Fund Program	NM02PO50501-00	\$ 510,774

SANTA FE COUNTY

RESOLUTION 2002 - 47

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Roberta 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.):

- 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 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 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, County Clerk

Approved As To Form.

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

1204 348
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 18 DAY OF May A.D.
2002 AT 2:18 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2120
PAGE 673-677 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