

2136878

SANTA FE COUNTY

RESOLUTION 2002 - 57

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 28, 2002, did request the following budget adjustment:

Department / Division: CHDD/Housing Authority

Fund Name: Section 8 Housing Vouchers (227)

Budget Adjustment Type: Budget Increase

Fiscal Year: FY-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
227	0449	381	01-00	Subsidies / Housing & Urban Development (HUD)	31,572	
517	0430	390	03-00	Operating Transfer In / From Special Revenues	1,844	
TOTAL (if SUBTOTAL, check here)					33,416	

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
227	0449	471	50-90	Other Contractual Services	29,728	
227	0449	490	01-00	Operating Transfer Out	1,844	
TOTAL (if SUBTOTAL, check here X)					31,572	

Requesting Department Approval: _____

Title: DIRECTOR

Date: 5/21/02

Finance Department Approval: _____

Date: 5.21.02

Entered by: _____

Date: _____

County Manager Approval: _____

Date: _____

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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
TOTAL (if SUBTOTAL, check here)						

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	1,355	
517	0430	471	20-01	FICA: Regular	84	
517	0430	471	20-02	FICA: Medicare	20	
517	0430	471	20-03	Retirement Contributions	258	
517	0430	471	20-05	Health Care	113	
517	0430	471	20-06	Retirement Health Care	14	
TOTAL (if SUBTOTAL, check here)					33,416	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: CHDD/Housing Authority

Phone #: 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 increases the budget for the Section 8 Voucher Fund (227). The request is necessary to reconcile the budget to the HUD approved amount.

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

Funds for the Section 8 Voucher Fund were included in the FY-2002 Operating Budget. This BAR represents an adjustment made to the HUD budget after the FY-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.

This is not a state special appropriation.

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

This BAR involves federal funding.

<u>Federal Subsidy</u>	<u>Number</u>	<u>Amount</u>
Section 8 Voucher Program	NM050-VO0024-028	\$ 1,691,871

2136881

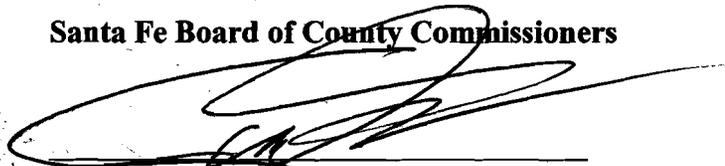
SANTA FE COUNTY

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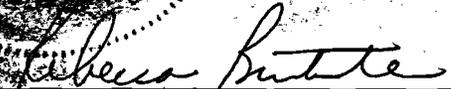
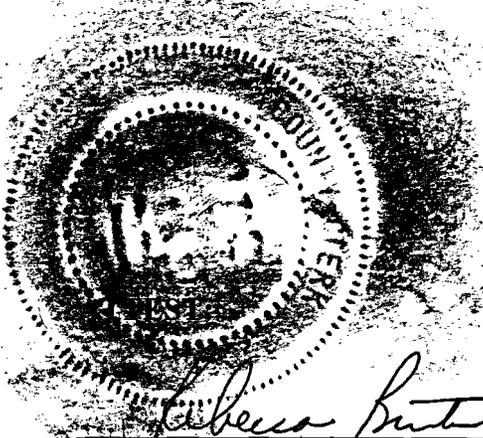
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 28 Day of May, 2002.

Santa Fe Board of County Commissioners



Paul Duran, Chairperson



Rebecca Bustamante, County Clerk

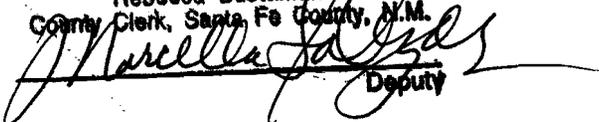


1208-139 } 95
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I hereby certify that this instrument was filed
for record on the 29 day of May A.D.
20 02 at 10:39 o'clock a m.
and was duly recorded in book 2136
page 818-882 of the records of
Santa Fe County

Approved As To Form.

By 
Steven Kopelman, County Attorney

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


Deputy

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DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: CHDD/Housing Authority

Phone #: 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 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.