

SANTA FE COUNTY
RESOLUTION 2002 - 30

2077852

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

Whereas, the Board of County Commissioners meeting in regular session on February 26, 2002 did request the following budget adjustment:

Department / Division: C.H.D.D / Housing Authority

Fund Name: Capital Fund Program (301)

Budget Adjustment Type: Budget 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
301	0466	372	03-01	Housing & Urban Development / CIAP	\$ 520,807	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					520,807	

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	30-01	In State Mileage & Fares	\$ 500	
301	0466	471	30-02	Out of State Mileage & Fares	3,500	
301	0466	471	30-03	In State Meals & Lodging	1,000	
301	0466	471	30-04	Out of State Meals & Lodging	5,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					\$ 10,000	

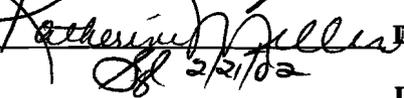
Requesting Department Approval: _____



Title: DIRECTOR

Date: 2/15/02

Finance Department Approval: _____

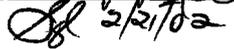


Date: 2/22/02

Entered by: _____

Date: _____

County Manager Approval: _____



Date: _____

SANTA FE COUNTY

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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	03-00	Operating Transfer In / From Special Revenues	67,081	
TOTAL (if SUBTOTAL, check here _____)					587,888	

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	40-01	Buildings & Structures	354,225	
301	0466	471	40-03	Grounds / Roadways	69,501	
301	0466	471	80-09	Capital Purchases / Vehicles	20,000	
301	0466	490	01-00	Operating Transfers Out	67,081	
517	0430	471	10-26	Term Employees	49,324	
517	0430	471	20-01	FICA - Regular	3,058	
517	0430	471	20-02	FICA - Medicare	715	
517	0430	471	20-03	Retirement Contributions	9,377	
517	0430	471	20-05	Health Care	4,114	
517	0430	471	20-06	Retirement Health Care	493	
TOTAL (if SUBTOTAL, check here _____)					587,888	

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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 increase Fund 301 in order to establish a budget for the HUD approved 2001 Capital Fund Program.
- 2) Why was this request not included in the Fiscal Year 2002 Operating Budget?
Funds for Fund 301 were budgeted, however; the approval for this specific program 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>Grant Number</u>	<u>Amount</u>
2001 Capital Fund Program	NM02PO50501-01	\$ 520,807

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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 increase the capital purchases category in order to purchase a vehicle as approved by the US Dept. of Housing & Urban Development (HUD).

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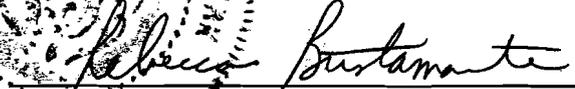
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 26th Day of February, 2002.

Santa Fe Board of County Commissioners

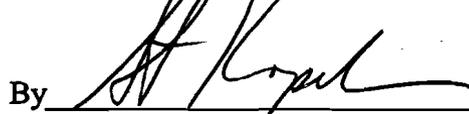

Paul Duran, Chairperson



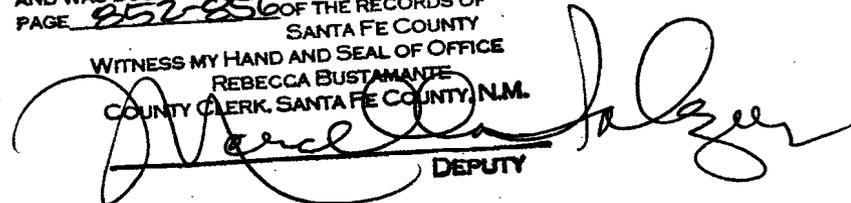

Rebecca Bustamante, County Clerk



Approved As To Form.

By 
Steven Kopelman, County Attorney

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COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 27 DAY OF Feb A.D.
20 02 AT 2:53 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2077
PAGE 252856 OF THE RECORDS OF
SANTA FE COUNTY

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

DEPUTY