

SANTA FE COUNTY

RESOLUTION 2002 - 98

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

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

Department / Division: Community and Health Development Department/Housing Authority Fund Name: Housing Enterprise/Housing Capital Improvements (CFP 2001)

Budget Adjustment Type: Budget Transfer 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
517	0430	390	02-00	Non-Revenue Receipts From Federal Revenues	20,000	
TOTAL (if SUBTOTAL, check here)					20,000	

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
301	0466	471	40-01	Building/Structure		20,000
301	0466	490	01-00	Operating Transfers Out	20,000	
517	0430	471	10-25	Term Employees / <i>Overtime</i>	15,630	
517	0430	471	20-01	FICA: Regular	969	
517	0430	471	20-02	FICA: Medicare	227	
517	0430	471	20-03	Retirement Contributions	2971	
517	0430	471	20-06	Retirement Health Care	203	
TOTAL (if SUBTOTAL, check here)					40,000	20,000

Requesting Department Approval: Robert A. Anaya *Robert A. Anaya* Title: Executive Director Date: 7/19/02

Finance Department Approval: *Juan J. Luca* Date: 7/24/02 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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2180056

SANTA FE COUNTY

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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. To transfer an amount from the Capital Fund Program (301) to the Housing Enterprise Account (517) for the purpose of using force account labor as part of an asbestos abatement program.
2) Why was this request not included in the Fiscal Year 2003 Operating Budget? Funds were included in the FY 2003 Budget. The decision to use existing staff in the asbestos abatement program requires a transfer of funds from the grant account to the housing operations account, and the decision was made after the FY 2003 Budget was prepared.
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.

Table with 4 columns: Federal Funding Source, Number, Award Date, Amount. Row 1: 2001 Capital Fund Program, NM02P050501-01, 10/16/01, \$520,807

2180057

SANTA FE COUNTY
RESOLUTION 2002 - 98

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 will use *existing* staff for force account labor.

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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 July, 2002.

Santa Fe Board of County Commissioners

[Signature of Paul Duran]

Paul Duran, Chairperson



Rebecca Bustamante, County Clerk

Approved As To Form.

By [Signature of Steven Kopelman] Steven Kopelman, County Attorney



1217476
COUNTY OF SANTA FE } ss
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED FOR RECORD ON THE 1 DAY OF Aug A.D. 20 02 AT 3:46 O'CLOCK PM AND WAS DULY RECORDED IN BOOK 2180 PAGE 055-058 OF THE RECORDS OF SANTA FE COUNTY

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

[Signature of Marcelle Lopez]
DEPUTY