

2638805

# SANTA FE COUNTY

## RESOLUTION 2003 - 110

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

Whereas, the Board of County Commissioners meeting in regular session on August 26, 2003, did request the following budget adjustment:

Department / Division: CHDD/Housing Services Division Fund Name: Capital Fund Program 2000 (301)

Budget Adjustment Type: Budget Decrease Fiscal Year: 2004 (July 1, 2003 - June 30, 2004)

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 (HUD)/CIAP		108,338
<b>TOTAL (if SUBTOTAL, check here )</b>						108,338

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	40-01	Building/Structure		82,817
301	0465	471	80-01	Buildings & Structures		25,571
<b>TOTAL (if SUBTOTAL, check here )</b>						108,338

Requesting Department Approval: Robert A. Anaya Title: Executive Director Date: 08/11/2003

Finance Department Approval: Susan J. Lucas Date: 8/19/03 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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**SANTA FE COUNTY**  
**RESOLUTION 2003 - 110**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Robert A. Anaya      **Dept/Div:** CHDD/Housing Services Division      **Phone No:** (505) 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 decrease to the Capital Fund Program (301-0465) in order to reconcile to Fiscal Year 2003 cash balance.

- 2) Why was this request not included in the Fiscal Year 2004 Operating Budget?

Funds for the Capital Fund Program 2000 grant were budgeted; however, this budget request realigns the current budget to the cash balance. Remaining budget is represented in prior year encumbrances.

- 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.

- Grant Name:            Capital Fund Program 2000
- Grant Number:        NM02P050501-00
- Grant Award:         \$510,774
- Grant Award Date:    August 10, 2000

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**RESOLUTION 2003 - 110**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya Dept/Div: CHDD/Housing Services Division Phone No: (505) 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 decreases capital purchases, however, capital purchase budget is represented in prior year encumbrance.
- 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.  

Not applicable.

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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 August, 2003

Santa Fe Board of County Commissioners

Jack Sullivan, Chairperson

ATTEST: Rebecca Bustamante, County Clerk



1286468 COUNTY OF SANTA FE STATE OF NEW MEXICO I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED FOR RECORD ON THE 26 DAY OF Aug A.D. 20 03 AT 8:36 O'CLOCK P.M. AND WAS DULY RECORDED IN BOOK 2638 PAGE 805-808 OF THE RECORDS OF SANTA FE COUNTY WITNESS MY HAND AND SEAL OF OFFICE REBECCA BUSTAMANTE COUNTY CLERK, SANTA FE COUNTY, N.M. Marcella Deputy

Approved As To Form. By Stephen Ross, Santa Fe County Attorney