

# SANTA FE COUNTY

## RESOLUTION 2003 - 127

2652571

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

Whereas, the Board of County Commissioners meeting in regular session on September 9, 2003, did request the following budget adjustment:

Department / Division: CHDD/Housing Services Division

Fund Name: CFP Program 2001 (301)/County Sheriff Dept (101)

Budget Adjustment Type: Net 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	0466	372	03-01	Housing & Urban Development/CIAP - 2001		236,274
101	1201	390	02-00	General Fund/Non-Revenue Receipt/From Federal.	10,000	
					10,000	236,274
<b>TOTAL (if SUBTOTAL, check here )</b>						<b>226,274</b>

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	10-26	Term Employees	20,000	
301	0466	471	30-01	In-State Mileage & Fares		488
301	0466	471	30-02	Out-State Mileage & Fares		2,060
301	0466	471	30-03	In-State Meals & Lodging		1,000
301	0466	471	30-04	Out State Meals & Lodging		338
301	0466	471	40-01	Building/Structure		185,854
301	0466	471	40-03	Grounds/Roadways		59,501
301	0466	471	50-03	Professional Services		1,120
301	0466	471	60-02	Safety Equipment		615
301	0466	471	80-09	Vehicles		15,298
301	0466	490	01-00	Operating Transfer Out	10,000	
<b>TOTAL (if SUBTOTAL, check here X)</b>					<b>30,000</b>	<b>266,274</b>

Requesting Department Approval: Robert A. Anaya

Title: Executive Director Date: 8/26/03

Finance Department Approval: *Susan M. Juan* Date: 9/3/03

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

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

2652572

SANTA FE COUNTY

RESOLUTION 2003 - 127

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
<b>TOTAL (if SUBTOTAL, check here )</b>						

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
101	1201	424	10-25	Overtime	9,235	
101	1201	424	20-01	FICA Regular	620	
101	1201	424	20-02	FICA Medicare	145	
<b>TOTAL (if SUBTOTAL, check here )</b>					40,000	266,274
						226,274

SANTA FE COUNTY

RESOLUTION 2003 - 127

2652573

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.

This request will decrease the Capital Fund Program 2001 to reconcile to cash balance as well as re-align line items according to a HUD Budget revision. Further, this request includes an operating transfer from Capital Fund to the Sheriff's Department for the purpose of a security patrol.

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

Funds were included in the FY 2004 Budget. In addition to realigning budget to cash balance, revisions are made according to a HUD budget revision which includes an allowable expense for bike enforcement patrol of the housing development(s).

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

This adjustment 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.

Not applicable.

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

Federal Grant Name: Capital Fund 2001  
 Grant Number: NM02P050501-01  
 Award Date: 10/16/2001  
 Award Amount: \$520,807

2652574

**SANTA FE COUNTY**

**RESOLUTION 2003 - 127**

**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.  
Not applicable.
- 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 impacts staffing to the extent of making available funding for overtime for officers on bike patrol duty.

2652575

SANTA FE COUNTY  
RESOLUTION 2003 - 127

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 9<sup>th</sup> Day of September, 2003.

Santa Fe Board of County Commissioners

  
Jack Sullivan, Chairperson

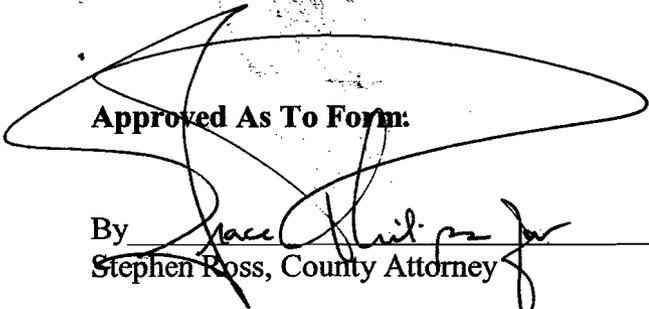


ATTEST:

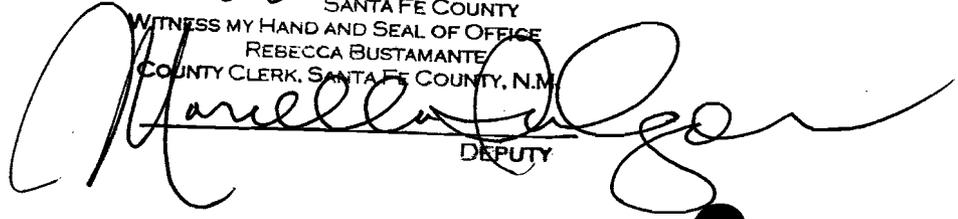
  
Rebecca Bustamante, County Clerk



Approved As To Form:

  
By Stephen Ross, County Attorney

1289.339  
COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED  
FOR RECORD ON THE 10 DAY OF Sept A.D.  
20 03 AT 12:59 O'CLOCK P.M.  
AND WAS DULY RECORDED IN BOOK 26252  
PAGE 571-575 OF THE RECORDS OF  
SANTA FE COUNTY

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