

RESOLUTION 2004 - 152

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

Whereas, the Board of County Commissioners meeting in regular session on November 30, 2004, did request the following budget adjustment:

Department / Division: HCS/Housing & Community Services Division

Fund Name: Housing Enterprise/Capital Fund Programs

(Fund 517)/(Fund 301/CFP 2001/1966)/(Fund 301/CFP 2003/1971)

Budget Adjustment Type: Budget Transfer/Net Budget Decrease

Fiscal Year: 2005 (July 1, 2004- June 30, 2005)

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	1966	372	03-01	Housing & Urban Development/CIAP - 2001		10,963
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
301	1966	471	10-26	Term Employees		10,000
301	1966	471	30-04	Out State Meals & Lodging	96	
301	1966	471	40-01	Building/Structure	9,970	
301	1966	471	50-03	Professional Services		180
301	1966	471	60-01	Inventory Exempt		211
301	1966	471	60-02	Safety Equipment		285
301	1966	471	70-06	Garbage & Sewer		344
301	1966	471	70-33	Seminars & Workshops		9
301	1966	490	01-00	Operating Transfer Out		10,000
301	1971	471	10-26	Term Employees	3,625	
301	1971	471	30-02	Out-of-State Mileage & Fares	1,000	
301	1971	471	30-03	In-State Meals & Lodging		1,000
301	1971	471	40-01	Maintenance: Buildings & Structures		7,976
301	1971	471	40-03	Maintenance: Grounds/Roadways		50,000
301	1971	490	01-00	Operating Transfers Out	54,351	
					69,042	80,005
TOTAL (if SUBTOTAL, check here <u>X</u>)						10,963

Requesting Department Approval: Robert A. Anaya

Title: Executive Director Date: _____

Finance Department Approval: [Signature] Date: 11-19-04

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

SFC CLERK RECORDED 12/02/2004

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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	1930	390	02-00	Operating Transfer In/From Federal Revenues	44,351	
TOTAL (if SUBTOTAL, check here)					44,351	

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	1930	471	10-24	Temporary Employees	28,194	
517	1930	471	10-26	Term Employees	3,901	
517	1930	471	20-01	FICA - Regular	1,990	
517	1930	471	20-02	FICA - Medicare	465	
517	1930	471	20-03	Retirement Contributions	2,775	
517	1930	471	20-05	Health Care	6,585	
517	1930	471	20-06	Retirement Health Care	417	
517	1930	471	20-08	Workmen's Compensation	24	
TOTAL (if SUBTOTAL, check here)					44,351	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Housing & Community Services Division

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 (CFP) 2001 to reconcile to cash balance as well as re-align line items according to a HUD Budget revision. For CFP 2003, this budget transfer requests an amount from Fund 301 to the Housing Enterprise Account (517) for the purpose of using force account labor for unit turn-around and to re-align line items in accordance with a recent HUD Budget revision.

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?

Funds were included in the FY 2005 Budget. In addition to realigning budget to cash balance, revisions are made according to a HUD budget revision and to accommodate an operating transfer between the 301 and 517 funds.

- 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.

<u>Federal Grant Name</u>	<u>Grant Number</u>	<u>Award Date</u>	<u>Amount</u>
2001 Capital Fund Program	NM02P050501-01	10/16/2001	\$520,807
2003 Capital Fund Program (1 st)	NM02P050501-03	09/17/2003	\$374,063
2003 Capital Fund Program (2 nd)	NM02P050502-03	02/13/2004	\$ 79,005

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DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Housing & Community Services Division

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.
With respect to CFP 2003, this request will accommodate three, temporary .75 FTEs for force account labor (for unit turn-a-round).

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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 November, 2004.

Santa Fe Board of County Commissioners



Paul Campos, Chairperson



Rebecca Bustamante, County Clerk

Approved As To Form.

By Stephen C. Ross
for Stephen C. Ross, County Attorney

