

SANTA FE COUNTY

RESOLUTION 1999- 132

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

Whereas, the Board of County Commissioners meeting in regular session on October 26, 1999, did request the following budget adjustment:

Department/Division: Health & Human Services/Housing Authority Grant

Fund Name: Public Housing Operations/Public Housing Development

Budget Adjustment Type: Budget Decrease/Increase/Between Funds Transfer Fiscal Year: 2000: (July 1, 1999 - June 30, 2000)

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
230	0000	372	03-04	Housing & Urban Development/PH Development		780,500
517	0000	490	01-00	Operating Transfers In: Non-Revenue Receipts	55,652	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					55,652	780,500

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	1530	471	10-26	Term Employees	40,716	
517	1530	471	20-01	FICA: Regular	2,789	
517	1530	471	20-02	FICA: Medicare	326	
517	1530	471	20-03	Retirement Contributions	7,741	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					51,572	

Requesting Department Approval: Robert A. Anaya

Title: Executive Director

Date: 10/08/99

Finance Department Approval: Katherine Miller Date: 10/19/99

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 10/26/99

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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
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
517	1530	471	20-05	Health Care	3,664	
517	1530	471	20-06	Retirement Health Care	407	
517	1530	471	20-08	Workers Compensation	9	
230	1558	471	80-01	Buildings & Structures		836,152
230	0000	490	01-00	Operating Transfers Out	55,652	
TOTAL (if SUBTOTAL, check here _____)					111,304	836,152

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Health & Human Services/Housing Authority

Phone #: 424-2060

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 budgets the transfer of funds for the Public Housing Development Manager within fund 517, and adjusts the Public Housing Development budget for expenses incurred in FY-1999 after the FY-2000 Operating Budget was submitted. The purpose of the BAR is to make the Santa Fe County and HUD budgets consistent with each other. The funds will be used to build 39-40 Public Housing units.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?

A request for \$ 5,350,509 was included in the Fiscal Year 2000 Operating Budget; however, the final HUD budget approved different line items. This BAR, and a pending resolution (BAR) will make the budgets consistent.

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

This budget increase and the resulting expenditures are non-recurring. 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 request is not a state special appropriation.

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

Program Name : Public Housing Development Program

Award Date : March 13, 1995

Amount of Award : \$ 5,945,010

Program Number: NM02-P050-007

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Health & Human Services/Housing Authority

Phone #: 424-2060

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 the result of Commission action.
 - d) Please identify other funding sources that can be used to match this request.
There are no other available funds 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 BAR includes the following Capital Purchases:

39-40 Public Housing Units	2 Computers and a Printer
Conference Table and Chairs	
- 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 BAR includes a 1-Term FTE. The position is a "Housing Project Manager" and has been funded by HUD for a period of two years. There are no future funding impacts beyond the two year term.


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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 October, 1999.

Santa Fe Board of County Commissioners



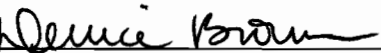
Paul Duran, Chairperson
Joe S. Grine, Jr.





Rebecca Bustamante, County Clerk

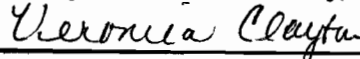
Approved As To Form.

By 

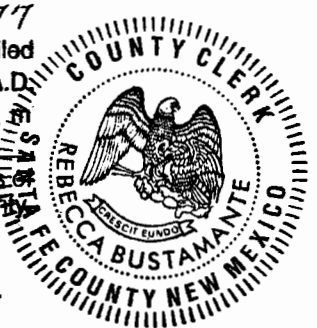
Denice Brown ~~Kulsoth~~, County Attorney

COUNTY OF SANTA FE)SS
STATE OF NEW MEXICO (095) 077
I hereby certify that this instrument was filed
for record on the 27 day of Oct A.D.
19 99 , at 3:47 o'clock P
and was duly recorded in book 1102
page 82 - 86 of the records of
Santa Fe County

Witness my Hand and Seal of Office
Rebecca Bustamante
County Clerk, Santa Fe County, N.M.



Deputy



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