SANTA FE COUNTY

RESOLUTION 2000- <u>10</u>

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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 29, 2000, did request the following budget adjustment:

Department/Division: Community Health & Economic Dev./Housing Authority Fund Name: 1998 and 1999 CIAP Programs

Budget Adjustment Type: Budget Increase

Fiscal Year: 2001: (July 1, 2000 - June 30, 2001)

BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE	DECREASE
301 301	0461 0462	372 372	03-01 03-01	Housing & Urban Development\CIAP Housing & Urban Development\CIAP	92,264	3,131
TOTAL (if SUBTOTAL, ch	eck here)			92,264	3,131

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	0461	471	30-03	In-State Meals & Lodging		2,500
301	0461	471	40-01	Maintenance: Buildings & Structures	101,720	
301	0461	471	50-03	Professional Services		2,600
301	0461	471	60-01	Inventory Exempt		3,500
TOTAL (if	f SUBTOTAL, ch	eck here X)		101,720	8,600

Requesting Department Approval: Robert A. Anava	Title: Director	Date: 08/18/00
Finance Department Approval. Pathesing Miller Date: 8-23-00	Entered by: Date:	
County Manager Approval: Date: 5-25-0		e set en
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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES:	(use continuation sheet, if necessary)
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FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE . AMOUNT
TOTAL (i	f SUBTOTAL, che	ck 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	0461	471	70-02	Rent of Land/Building		750
301	0461	471	70-06	Garbage & Sewer	420	
301	0461	471	70-13	Seminars & Workshops		526
301	0462	471	30-03	In-State Meals & Lodging		260
301	0462	471	30-04	Out-of-State Meals & Lodging	435	
301	0462	471	40-01	Maintenance: Buildings & Structures		1,388
301	0462	471	60-01	Inventory Exempt		1,948
301	0462	471	70-33	Seminars & Workshops	30	
TOTAL (ii	f SUBTOTAL, ch	eck here)	I		102,605	13,472

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

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Dept/Div: Community Health & Economic Development/Housing Authority

Phone #: 992-3060

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 increases the 1998 and 1999 HUD CIAP Program budgets.

The purpose of this request is to increase the county budget to match the remaining HUD budget for these CIAP allocations.

2) Why was this request not included in the Fiscal Year 2001 Operating Budget?

Budgets were included in the FY-2001 Operating Budget. However, expenditures that were planned for the end of FY-2000 were not made. Therefore, we must rebudget these funds.

3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request? ٠

This budget increase and the resulting expenditures are non-recurring. There will be no future funding impacts.

- Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following: 4)
 - If this is a state special appropriation, cite statute and attach a copy. a)

This request does not include state funds.

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

Grant Names:	1998 CIAP Program 1999 CIAP Program	Grant Numbers:	NM02P050911-98 NM02P050912-99
Award Dates:	10/01/98 10/01/99	Grant Amount:	220,000 421,314





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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/Housing Authority Phone #: 992-3060

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 request does not impact the capital outlay 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 has no FTE impact, but the initial operating budget includes funds for 1 FTE.

SANTA FE COUNTY

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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Gov 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 29th Day of August, 2000. NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government

Santa Fe Board of County Commissioners

Richard D. Anaya, Chairperson

Rebecca Bustamante, County Clerk

Approved As To Form.

By

Santa Fe County Attorney



1124 710	
COUNTY OF SANTA FE) SS	
STATE OF NEW MEXICO	
I hereby certify that this instrument was filed	
for record on the 30 day of A.D.	
20 00 at $Z:/3$ 0'clock P_m	
and was duly recorded in book	
page 746 - 750 of the records of	
Santa Fe County.	
Witness my Hand and Seal of Office	
Rebecca Bustamante	2
County Clerk, Santa Fe County, NM.	
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Deputy	75
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