SANTA FE COUNTY

RESOLUTION 2000- 12-4

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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 September 26, 2000, did request the following budget adjustment:

Department/Division: Community Health & Economic Development\Housing Authority Fund Name: PH Drug Elimination/PH Development

Budget Adjustment Type: Budget Decrease

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 AMOUNT	DECREASE AMOUNT
230	00000456	372	03-02	HUD/Public Housing Drug Elimination	3,000	
230	_0000 0458	372	03-04	HUD Public Housing Development		8,272
						1
TOTAL (i	f SUBTOTAL, ch	eck here)			3,000	8,272

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
230	0456	471	30-03	In-State Meal	s & Lodging		1,000
230	0456	471	60-03	Uniform\Linen Expense			500
230	0456	471	60-08	Field Supplies	S		750
230	0456	471	70-33	Seminars & V	Vorkshops		912
TOTAL (i	f SUBTOTAL, ch	eck here x_)			<i>'</i>		3,162

Requesting Department Approval: Robert A. Anaya	Title: Executive Director	Date: <u>09/12/00</u>
Finance Department Approval: Argania Pilos Date: 9/19/00	Entered by:	Date:
County Manager Approval: Af Long 19/19/00 Date: 9/2 2/00		
Som		

SANTA FE COUNTY

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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
61							
104							
∞[TOTAL (i	f SUBTOTAL, ch	eck 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
230	0456	471	80-01	Buildings & Structures	3,000	·
230	0456	471	80-03	Equipment & Machinery	3,162	
230	0458	471	60-01	Inventory Exempt	-	24
230	0458	471	60-07	Office Supplies		4
230	0458	471	60-08	Field Supplies		1,500
230	0458	471	70-37	Printing & Publishing	1,500	· .
230	0458	471	80-01	Buildings & Structures		130,712
230	0458	471	80-02	Building Capitalized Contractual Services	125,928	(
230	0458	471	80-03	Equipment & Machinery		3,460
TOTAL (ii	f SUBTOTAL, ch	eck here)			133,590	138,862

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.):

1) Please summarize the request and its purpose.

This request increases the Public Housing Drug Elimination (DEG) Program budget to correspond to the HUD DEG budget for FY-2001. The request is a net increase of \$ 3,000, and will be used to perform rehabilitation work at the Valle Vista Boys & Girls Club.

This request decreases the Public Housing Development Grant budget to correspond with to the HUD PH Development budget for FY-2001. This request is a net decrease of \$8,272, and will be used to build 38-40 new public housing units at the Camino de Jacobo, Valle Vista, and Santa Cruz housing sites.

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

This budget decrease 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:

This increase impacts federal funds. (See below)

a) If this is a state special appropriation, cite statute and attach a copy.

These funds are not state special appropriations.

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

These are federal grants.

Program Name

: Public Housing Development Program

Program Name Award Dates Amount of Awards : Public Housing Drug Elimination Program : December 15, 1998/December 14, 1999

Award Date
Amount of Award

: March 13, 1995 : \$ 5,945,010

Program Numbers

: \$ 63,300/\$ 48,607

Program Number : NM02-P050-007

m Numbers

: NM02DEP0500198/NM02DEP0500199

810462

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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 contains the following capital purchase:

1) Rehabilitation Funding for the Valle Vista Boys & Girls Club

\$3,000.00

2) Computer Equipment for PowerPoint Presentations

\$ 3,162.00

• 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 has no FTE impact.

RESOLUTION 2000-124

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 September, 2000.

Santa Fe County Board of County Commissioners

1810464

Rebecca Bustamante, County Clerk

Approved As To Form.

Santa Fe County Attorney's Office

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