RESOLUTION 2000- ///

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

Whereas, the Board of County Commissioners meeting in regular session on December 26, 2000, did request the following budget adjustment:

Department/Division: Community Health & Economic Development\Housing Authority

Fund Name: 2000 CIAP Program

Budget Adjustment Type: Budget Increase

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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
301 517	0465 0000	372 390	03-01 00-00	Housing & Urban Development (HUD)\CIAP Operating Transfer In	510,774 66,077	
TOTAL (i	f SUBTOTAL, ch	eck here)			-561,85 1	

576,851

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	0465	471	30-01	In-State Mileage & Fares	200	
301	0465	471	30-02	Out of State Mileage & Fares	3,800	
301	0465	471	30-03	In-State Meals & Lodging	1,000	
301	0465	471	30-04	Out of State Meals & Lodging	5,000	
TOTAL (if	f SUBTOTAL, ch	eck here <u>x</u>)			10,000	
				$\mathcal{D}\mathcal{A}$		

Requesting Department Approval: Robert A. Anaya	Title: Executive Director	Date: 11/30/00
Finance Department Approval Jacker 12-20-02	Entered by:	_ Date:
County Manager Approval: Date: 12-28-00		

SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

رر. ا	FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
14700							
7	TOTAL (it	SUBTOTAL, ch	neck 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	0465	471	40-01	Maintenance/ Buildings & Structures	259,450	
301	0465	471	40-03	Maintenance/ Grounds & Roadways	46,208	
301	0465	471	70-33	Seminars & Workshops	10,000	
301	0465	471	80-01	Capitalized Buildings & Structures	29,350	
301	0465	471	80-04	Capitalized Furniture & Fixtures	50,800	
301	0465	471	80-09	Vehicles	38,889	
301	0465	490	01-00	Operating Transfers Out	66,077	
517	0430	471	10-26	Term Employees	47,980	
517	0430	471	20-01	FICA (Regular)	3,267	
517	0430	471	20-02	FICA (Medicare)	763.5	
517	0430	471	20-03	Retirement	10,200.5	
517	0430	471	20-05	Health Care	3,291	
517	0430	471	20-06	Retiree Health	536	
517	0430	471	20-08	Worker's Compensation	39	
OTAL (i	f SUBTOTAL, ch	eck here		All the second s	576,851	

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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 #: 992-3056

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 establishes an initial budget for the 2000 CIAP Program. The purpose of this BAR is to set-up a budget to allow the Housing Authority to begin to expend the funding.

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

This funding was approved by HUD in October 2000, so we were unable to include the request in the FY-2000 Operating Budget.

• 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.

Federal Grant Name

: 2000 CIAP Program

Federal Grant Number

: NM02P050501-00

Award Date

: 11/05/00

Award Amount

: \$ 510,774

1842555

SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

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

Phone #: 992-3056

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 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.

The following Capital Outlay items are included in this request:

\$ 50,800 Housing Units Ranges/Refrigerators Replacement

\$ 29,350 Buildings Renovation

\$38,889 Vehicle(s) for Maintenance/Office Use

• 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. This BAR supports an exiting Term FTE.

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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 28th Day of December, 2000.

Richard D. Anaya, Chairperson

Santa Fe Board of County Commissioners

Mauella Galozar For

Rebecca Bustamante, County Clerk

Approved As To Form.

Steve Kopelman, County Attorney



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COUNTY OF SANTA FE STATE OF NEW MEXICO) SS
I hereby certify that this instrun	nent_was filed
for record on the $\frac{2}{8:10}$ day of $\frac{20}{2}$	of <u>Jan</u> a.D.
and was duly recorded in bo	ok 1847
	the records of

Witness my Hand and Seal of Office
Rebecca Bustamante

County Clerk, Santa Fe County, NA

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