

SANTA FE COUNTY
RESOLUTION 2000- 62

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

Whereas, the Board of County Commissioners meeting in regular session on May 30, 2000, did request the following budget adjustment:

Department/Division: Community Health & Economic Development/Housing Authority Fund Name: Home Sales Fund

Budget Adjustment Type: Budget Increase

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	1555	390	03-00	Transfer In	6,518	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					6,518	

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
229	9007	471	50-90	Other Contractual Services		6,518
230	1555	471	50-03	Professional Services	6,518	
229	0000	490	01-00	Transfer Out	6,518	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					13,036	6,518

Requesting Department Approval: Robert A. Anaya

Title: Director

Date: 05/15/00

Finance Department Approval: [Signature] Date: 5-25-00

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 5-30-00

1771293

SANTA FE COUNTY
RESOLUTION 2000- 62

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.):

- 1) Please summarize the request and its purpose.

This request transfers funds from a prior year line item and budgets them in a current year line item. The purpose of this request is to make the funds available to pay for engineering work in order to finish the Valle Vista, Santa Cruz, and Camino de Jacobo housing site plats. The work was begun under the prior year budget, but never finished. This transfer will allow for the completion of this work. The plats are necessary in order to begin construction of new housing units, and prepare for sales of existing and new housing units.

- 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:

This increase impacts federal funds. (See below)

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

This is not a state special appropriation.

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

This is a federal grant.

Program Name : Public Housing Development Program

Award Date : March 13, 1995

Amount of Award : \$ 5,945,010

Program Number: NM02-P050-007

1771294

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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 BAR does not include capital purchases.
- 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.

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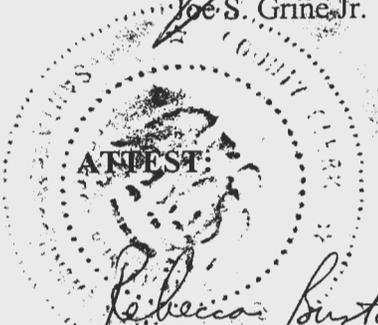
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of May, 2000.

Santa Fe County Board of County Commissioners

1771296

Joe S. Grine, Jr.
Joe S. Grine, Jr.



Rebecca Bustamante
Rebecca Bustamante, County Clerk

Approved As To Form.

By [Signature]
Santa Fe County Attorney's Office



1118.058
COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 31 day of May, A.D.
20 00 at 1:08 o'clock P
and was duly recorded in book 1771
page 293-296 of the records of
Santa Fe County.

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