

SANTA FE COUNTY

RESOLUTION 2001- 43

1880204

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

Whereas, the Board of County Commissioners meeting in regular session on March 27, 2001, did request the following budget adjustment:

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

Fund Name: 1996 CIAP / Public Housing Enterprise

Budget Adjustment Type: Budget Transfer

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
517	0430	390	00-00	Operating Transfer In	\$ 4,950	
TOTAL (if SUBTOTAL, check here )					\$ 4,950	

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	9460	471	40-03	Maintenance: Grounds / Roadways		\$ 4,950
517	0430	471	40-01	Maintenance: Buildings / Structures	\$ 4,950	
301	0460	490	01-00	Operating Transfer Out	\$ 4,950	
TOTAL (if SUBTOTAL, check here )					\$ 9,900	\$ 4,950

Requesting Department Approval: Robert A. Anaya

*Steph Shepherd for RAA*

Title: Executive Director

Date: 03/19/01

Finance Department Approval: Katherine Miller Date: 3-23-01

Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 3-22-01

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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.):**

- 1) Please summarize the request and its purpose.

This request transfers funds from the 1996 CIAP Program (fund 301) to the Housing Operating Fund (fund 517). Santa Fe County Housing Authority obtained authorization from the US Department of Housing & Urban Development (HUD) to transfer unspent 1996 CIAP balances into the Housing Operating Fund.

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

At the time the fiscal year 2001 operating budget was submitted, this amount in the 1996 CIAP Program was encumbered for PNM to complete a gas meter conversion project at our Camino de Jacobo Public Housing Site. When the project was completed, PNM stated to the Housing Authority that no further payment was needed.

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

This budget transfer and the resulting expenditures are non-recurring. There is 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	: 1996 CIAP Program	Federal Grant Number	: NM02P050910-96
Award Date	: 10/01/96	Award Amount	: \$ 1,017,355

SFC CLERK RECORDED 07/19/2004

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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.  
This request does not impact the Capital Purchases 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.

SFC CLERK RECORDED 07/19/2004

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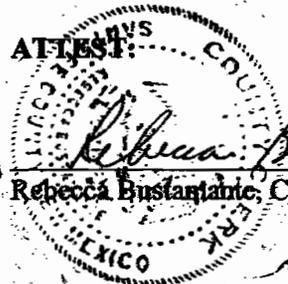
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 27<sup>th</sup> Day of March, 2001.

Santa Fe Board of County Commissioners

*[Handwritten Signature]*

Paul Duran, Chairperson



*[Handwritten Signature]*  
Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Handwritten Signature]*  
Steve Kopelman, County Attorney



COUNTY OF SANTA FE  
STATE OF NEW MEXICO 1150 SS 330  
I hereby certify that this instrument was filed  
for record on the 29 day of March, D.  
20 01 at 4:10 o'clock P.m  
and was duly recorded in book 1880  
page 204-207 of the records of  
Santa Fe County  
Witness my Hand and Seal of Office  
Rebecca Bustamante  
County Clerk, Santa Fe County, N.M.  
*[Handwritten Signature]*  
Deputy