

SANTA FE COUNTY

RESOLUTION 2001 - 71

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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 May 29, 2001, did request the following budget adjustment:

Department / Division: C.H.E.D. / Housing AuthorityFund Name: Public Housing EnterpriseBudget Adjustment Type: Budget TransferFiscal 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
101	0715	390	01-00	Operating Transfer In	\$ 1,895.63	
TOTAL (if SUBTOTAL, check here <input type="checkbox"/>)					\$ 1,895.63	

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
517	0000	490	01-00	Operating Transfer Out	\$ 1,895.63	
517	0430	471	70-03	Telephone		\$ 1,895.63
101	0715	412	70-03	Telephone	1,895.63	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					\$ 3,791.26	\$ 1,895.63

Requesting Department Approval: Robert A. AnayaTitle: DirectorDate: 05/18/01Finance Department Approval: Katherine MillerDate: 5/23/01

Entered by: _____

Date: _____

County Manager Approval: [Signature]Date: 5-29-01

SFC CLERK RECORDED 07/20/2004

1912820

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: C.H.E.D. / 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 is necessary to transfer budgeted telephone expenditures from our Public Housing Enterprise Fund (517) to the Resource Development Information Technology Fund (101-0715). Due to new office expansion, the housing authority requested 7 new phone sets last fiscal year. The transfer is needed to add the 7 new phone sets to Santa Fe County's total lease with Inter-Tel.

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

The lease add-on was signed after the FY-2001 Operating Budget process was completed.

- 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 impact.

- 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.

This grant includes federal funding

Grant Name: Public Housing Operating Fund

Grant Number: NM050-001-01J

Award Date: 07/01/00 (Retroactive Date)

Amount : \$ 202,500

1912821

SFC CLERK RECORDED 07/20/2004

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: C.H.E.D. / 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 action is not a result of Commission Action.

- d) Please identify other funding sources that can be used to match this request.

There are no other funds available 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.

1912822

SFC CLERK RECORDED 07/20/2004

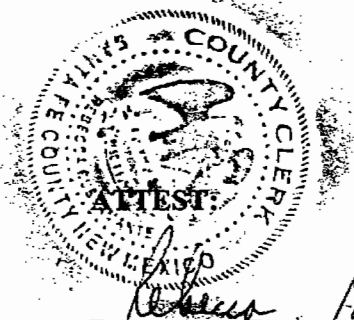
SANTA FE COUNTY
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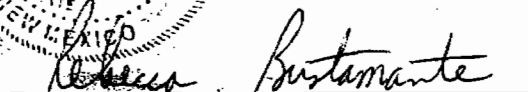
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 29th Day of May, 2001.

Santa Fe Board of County Commissioners


 Paul D. Duran, Chairperson




 Rebecca Bustamante, County Clerk



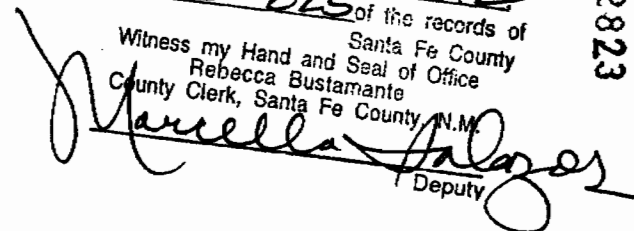
Approved As To Form.

By 
 Steven Kopelman, County Attorney

1157981
 COUNTY OF SANTA FE
 STATE OF NEW MEXICO } SS
 I hereby certify that this instrument was filed
 for record on the 30 day of May A.D.
 20 01 at 11:21 o'clock a.m.
 and was duly recorded in book 1912
 page 820-825 of the records of

1912823

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


 Deputy

Memorandum

1912824

To: Robert Anaya, Economic Development Director
From: Agnes Lopez, MIS Director
CC: Corky Ojinaga, Resource Development Director
Samuel Montoya, Santa Fe County Manager
Date: May 26, 2000
Re: Request for new phones

Recently you have expanded Housing to include a new office location and now are requesting 7 new phones. The attached request is for 6 standards phone sets with displays and 1 executive phone set for the receptionist area.

I have contacted Inter-tel and inquired about purchasing the phones. Inter-tel has informed me that since Santa Fe County has a total lease, we must add these phones to that lease. The monthly cost for the 7 phones is 148.37 and annual cost is 1780.44. The sales tax brings the total to 1895.63 per year for the life of the lease (60 months).

In order to buy the phones, I need a memo from you stating that you agree to BAR the annual cost into the phone category each fiscal year for the life of the lease. I will then be able to get signature from the county manager and add the phones to the lease.

If you have any questions, please contact me at 986-6213. Thank you.

**Supplement to Equipment Lease
for Additional Equipment (Add-ons)**

**INTER-TEL
LEASING, INC.**

Dear Customer: We've written this Supplement to Equipment Lease (Supplement) in simple and easy to read language because we want you to understand its terms. Please read your agreement carefully and feel free to ask us any questions you may have about it. We use words you and your to mean the Customer. The words we, us and our refer to the Lessor indicated below.

Supplement Number _____
Supplementing Lease Number _____
Branch _____

1912825

RECORDED 07/20/2004

Customer Name <u>County of Santa Fe - Housing</u>		Address <u>57 Camino de Jacobo</u>	
City <u>Santa Fe</u>		State <u>NM</u>	Zip <u>87504</u>
Lessor Name <u>Inter-Tel Leasing, Inc.</u>		Address <u>1140 West Loop North</u>	
City <u>Houston</u>	State <u>Texas</u>	Zip <u>77055-7218</u>	Phone <u>(713) 844-0800</u>

1. Lease Agreement. We agree to lease to you and you agree to lease from us the equipment and modifications listed below.

Description of Equipment Rented

Quantity	Make & Type	Monthly Rent (unit)	Total Monthly Rent
6	SAN / DISK / Keysets (SSD. 4400)	19.52	117.12
1	SSS / BLF (SSD. 4200)	20.78	20.78
1	DC DPM (SSD. 3013)	10.47	10.47

Equipment location: if other than customer's address above.

Address	City	State
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Additional monthly rental payment: \$ 148.37

2. Terms and conditions. You agree that all of the terms and conditions contained in the Lease referred to above will apply to this Supplement, except as stated in paragraph 4 below.

3. Term and Rent. The term of this Supplement will be the number of months remaining under the original Lease described and numbered above at the time we accept this Supplement. The additional monthly rental for the equipment leased under this Supplement will be the amount listed in paragraph 2 above. The additional monthly rental will be added to the rental payments stated in the Lease. You agree to pay the combined payments on the due dates stated in the Lease for the remaining term of the Lease.

4. Additional Provisions. You agree that this Supplement cannot be cancelled except as provided for in the Lease. You also agree that the equipment will not be used for personal, family or household purposes. You acknowledge receipt of a copy of this Supplement.

CUSTOMER ACKNOWLEDGES, UNDERSTANDS, AND AGREES TO THE TERMS ON THIS FACING PAGE, AND ANY ATTACHMENTS HERETO.

County of Santa Fe - Housing

PO Box 276

Santa Fe NM 87504

6-23-00

[Signature]

5/16/00

INTER-TEL LEASING, INC.

1140 West Loop North

MAILING ADDRESS

Houston, Texas 77055-7213

CITY, STATE, ZIP CODE

By: _____ SIGNATURE

TYPED NAME & TITLE

Date: _____

DELIVERY AND ACCEPTANCE

We certify that all of the equipment and modifications described in the above Supplement have been delivered and installed and we have accepted it as satisfactory.

X

SIGNATURE

PRINT NAME

TITLE

DATED