

RESOLUTION 2003 - 162

125612

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

Whereas, the Board of County Commissioners meeting in regular session on November 25, 2003, did request the following budget adjustment:

Department / Division: CHDD/Housing Services Division

Fund Name: CFP Program 2001 (301)

Budget Adjustment Type: Budget Increase

Fiscal Year: 2004 (July 1, 2003 - June 30, 2004)

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	0466	385	03-00	Budgeted Cash / Federal Funds	29,042	
TOTAL (if SUBTOTAL, check here)					29,042	

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	0466	471	40-01	Building/Structure	29,042	
TOTAL (if SUBTOTAL, check here X)					29,042	

Requesting Department Approval: Robert A. Anava

Title: Executive Director Date: _____

Finance Department Approval: [Signature] Date: 11/18/03

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

2719572

RESOLUTION 2003 - 162

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community & Health Development Department

Phone No: 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.

The purpose of this budget adjustment is to provide for an increase, replacing an amount inadvertently liquidated against a prior year encumbrance.

- 2) Why was this request not included in the Fiscal Year 2004 Operating Budget?

Inasmuch as the need for the adjustment to the prior year encumbrance was recognized following the fiscal year rollover, it is necessary to increase the budget at this time to accommodate obligations.

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

This adjustment is non-recurring, and 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.

Not applicable.

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

Federal Grant Name: Capital Fund 2001
 Grant Number: NM02P050501-01
 Award Date: 10/16/2001
 Award Amount: \$520,807

2719573

RESOLUTION 2003 - 162

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DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: Community & Health Development Department

Phone No: 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 a result of Commission action.

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

There are no other funding sources being 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.

Not applicable.

• 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 does not have an impact on staffing.

2719574

RESOLUTION 2003 - 162

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 25th Day of November, 2003.

Santa Fe Board of County Commissioners

Jack Sullivan
Jack Sullivan, Chairperson



ATTEST:
Rebecca Bustamante
Rebecca Bustamante, County Clerk

Approved As To Form.
By *Stephen Ross*
Stephen Ross, County Attorney



1303 312
COUNTY OF SANTA FE
STATE OF NEW MEXICO
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 1 DAY OF Dec A.D.
20 03 AT 4:12 O'CLOCK P.M.
AND WAS DULY RECORDED IN BOOK 2719
PAGE 571-574
OF THE RECORDS OF
SANTA FE COUNTY
WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.

Merrell Algor
DEPUTY