

SANTA COUNTY

RESOLUTION 2003 - 56

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

Whereas, the Board of County Commissioners meeting in regular session on April 8, 2003, did request the following budget adjustment:

Department / Division: CHDD/Housing Services Division

Fund Name: Public Housing Development Grant/Housing Enterprise

Budget Adjustment Type: Budget Decrease

Fiscal Year: 2003 (July 1, 2002 - June 30, 2003)

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 | 0458 | 372 | 03-04 | HUD/Public Housing Development | | 5,776 |
| 517 | 0430 | 390 | 03-00 | Operating Transfer In/From Special Revenues | 19,359 | |
| | | | | | 19,359 | 5,776 |
| TOTAL (if SUBTOTAL, check here) | | | | | 13,583 | |

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 |
|--|---------------------------------|------------------------------|----------------------------|---------------------------------------|--------------------|--------------------|
| 230 | 0458 | 471 | 10-26 | Term Employees | 124,972 | |
| 230 | 0458 | 471 | 20-90 | Other Benefits | 48,108 | |
| 230 | 0458 | 471 | 40-01 | Maintenance Building/Structures | 570,745 | |
| 230 | 0458 | 471 | 50-03 | Professional Services | 1,500 | |
| 230 | 0458 | 471 | 60-01 | Inventory Exempt | 1,721 | |
| 230 | 0458 | 471 | 60-07 | Office Supplies | 500 | |
| 230 | 0458 | 471 | 70-99 | Contingency Reserve | 100,000 | |
| 230 | 0458 | 471 | 80-01 | Buildings & Structures | | 832,897 |
| 230 | 0458 | 471 | 80-02 | Bldg Capitalized Contractual Services | | 86,950 |
| 230 | 0458 | 471 | 80-03 | Equipment & Machinery | 3,247 | |
| 230 | 0458 | 471 | 80-04 | Furniture & Fixtures | | 1,081 |
| 230 | 0458 | 471 | 80-09 | Vehicle/Heavy Equipment | 45,000 | |
| 230 | 0458 | 490 | 01-01 | Operating Transfers Out | 19,359 | |
| TOTAL (if SUBTOTAL, check here <u>X</u>) | | | | | 915,152 | 920,928 |

Requesting Department Approval: Robert A. Anaya

Title: Executive Director

Date: 04/02/2003

Finance Department Approval: [Signature] Date: 4-14-03

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 4-14-03

2507474

SANTA COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

2507475

| FUND CODE XXX | DEPARTMENT/ DIVISION XXXX | ACTIVITY BASIC/SUB XXX | ELEMENT/ OBJECT XXXX | REVENUE NAME | INCREASE AMOUNT | DECREASE AMOUNT |
|----------------------------------|---------------------------------|------------------------------|----------------------------|-----------------|--------------------|--------------------|
| | | | | | | |
| TOTAL (if SUBTOTAL, check 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 |
|----------------------------------|---------------------------------|------------------------------|----------------------------|------------------------------|--------------------|--------------------|
| 517 | 0430 | 471 | 10-26 | Term Employees | 14,304 | |
| 517 | 0430 | 471 | 20-01 | FICA - Regular | 942 | |
| 517 | 0430 | 471 | 20-02 | FICA - Medicare | 220 | |
| 517 | 0430 | 471 | 20-03 | Retirement Contributions | 2,965 | |
| 517 | 0430 | 471 | 20-05 | Health Care | 719 | |
| 517 | 0430 | 471 | 20-06 | Retirement Health Care | 203 | |
| 517 | 0430 | 471 | 20-08 | Workers Compensation | 6 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 934,511 | 920,928 |
| | | | | | 13,583 | |

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya Dept/Div: CHDD/Housing Services Division Phone No: (505) 992-3055

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 will be a decrease to the Public Housing Development Grant Fund (230) in order to reconcile to the cash balance and align with a HUD Budget revision.

- 2) Why was this request not included in the Fiscal Year 2003 Operating Budget?

Funds for the Public Housing Development grant were budgeted; however, this budget request realigns the current budget to the cash balance.

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

This transfer 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.
- b) If this is a state or federal grant, cite grant name, number, award date and amount.
 - Grant Name: Public Housing Development Grant
 - Grant Award: \$5,945,010
 - Grant Award Date: March 13, 1995

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2507477

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya Dept/Div: CHDD/Housing Services Division Phone No: (505) 992-3055

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 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 provide for the purchase of heavy equipment (Kabota tractor) and a vehicle.
- 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 includes a 1.0 FTE term position of Project Manager; the duration of this request carries through the end of FY03.

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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 8th Day of April, 2003

Santa Fe Board of County Commissioners



Jack Sullivan, Chairperson

Rebecca Bustamante, County Clerk

Approved As To Form.

By Maria Odiveras, Santa Fe County Attorney



1262 405

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) SS
I Hereby Certify That This Instrument Was Filed For Record On The
29 Day Of April, A.D., 2003 at 8:05 AM/PM
And Was Duly Recorded In Book 2507 Page 474-478 Of The
Records Of Santa Fe County
Witness My Hand And Seal Of Office
Rebecca Bustamante
County Clerk, Santa Fe, NM Marcella Palojas Deputy