

**SANTA FE COUNTY
RESOLUTION 2024- 028**

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT


(If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.)

1	<p>Please summarize the request and its purpose in the area below.</p> <p>The Community Services Department received a junior bill grant from the State of New Mexico, Department of Finance and Administration, for an Eviction Prevention & Diversion Program in the amount of \$375,000. This grant needs to be budgeted.</p>	Recurring		Non-Recurring	X	
2	Is this Budget Action for a Recurring or Non Recurring Expense(one-time)					
3	Does this request impact a revenue source?	Yes		No		
		X				
	A. Is this a State Special Appropriation? If Yes, cite Statute and attach a copy		X			
	B. Does this include state or federal funds? If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget. (23-ZH9130)		X			
	C. Is this request a result of Commission action? If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.)				X	
	D. Is a match required? If Yes, please identify funding source in the line below.				X	
	PLEASE PROVIDE THE LINE ITEM OF THE MATCH BELOW					
FUND	DEPARTMENT	ACTIVITY	ELEMENT	CATEGORY /LINE ITEM	AMOUNT	BUDGETED (Drop Down)

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

Approved, Adopted, and Passed This 27th Day of February, 2024.

Santa Fe Board of County Commissioners

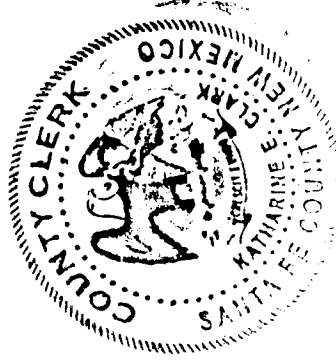


Hank Hughes, Chairperson

ATTEST:



Katharine E. Clark, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 1ST Day Of March, 2024 at 12:35:36 PM And Was Duly Recorded as Instrument # 2029208 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Katharine E. Clark
Deputy Mi G. Sullivan County Clerk, Santa Fe, NM

REIMBURSING AGENCY: Department of Finance and Administration
Business Unit: 341

APPROPRIATION RECIPIENT: SANTA FE COUNTY
APPROPRIATION NUMBER: 23-ZH9130
APPROPRIATION AMOUNT: \$375,000.00
REVERSION DATE: June 30, 2024

APPROPRIATION LANGUAGE

THREE HUNDRED SEVENTY-FIVE THOUSAND (\$375,000.00) to support the eviction prevention and diversion program. Funds unexpended by June 30, 2024, will be reverted to the State of New Mexico's general fund.

APPROPRIATION REIMBURSEMENT

The appropriation funds will be disbursed through a reimbursement process. The Appropriation Recipient will submit to the Reimbursing Agency the Exhibit A: Request for Payment form along with supporting document(s) that evidence the expenses to be reimbursed. The Reimbursing Agency will review these documents to ensure all expenses to be reimbursed reflect the intent and purpose of the appropriation language. All expenditures for which the Appropriation Recipient requests reimbursement must occur prior to the reversion date. The latest date the Appropriation Recipient may submit a Request for Payment is July 15, 2024. With the submission of the final Exhibit A: Request for Payment, the Appropriation Recipient must include a completed Exhibit B: Final Report form in order to receive the final reimbursement.

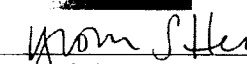
CERTIFICATION

I hereby certify that SANTA FE COUNTY

1. Will only use the appropriation funds to carry out and/or perform activities described in appropriation language.
2. Will comply with State Procurement Code and execution of binding written obligations or purchase orders with third party contractors or vendors for the provision of services, including professional services, or the purchase of tangible personal property and real property for the project.
3. Ensures that the appropriation funds only benefit entities in accordance with applicable law, including, but not limited to Article IX, Section 14 of the Constitution of the State of New Mexico, "Anti-Donation Clause."
4. Will follow the procedure described in "Appropriation Reimbursement" for reimbursement of appropriated funds.



 Approp[redacted]ent Representative **Gregory S. Shaffer, County Manager** Date 12/28/2023



 Appropriation Recipient CFO Date 12/27/2023
 Approved as to form by Roberta D. Joe, Assistant County Attorney
 for J.Y., Santa Fe County Attorney 12/22/2023

APPROVAL

In accordance with the authority conferred on the Department of Finance & Administration by the statute appropriating these funds, I hereby approve this certification for appropriation number 23-ZH9130 in the amount of \$375,000.00.



 Wesley Billingsley Date 1/18/2024
 Director, Local Government Division

SFC CLERK RECORDED 03/01/2024

STATE OF NEW MEXICO
SB192 Junior Appropriation
Request for Payment Form
Exhibit A

I. Grantee Information

(Make sure information is complete & accurate)

- A. Grantee: _____
- B. Address: _____
(Complete Mailing, including Suite, if applicable)

City, State, Zip
- C. Contact Name/Phone #: _____
- D. Grant No: _____
- E. Project Title: _____
- F. Grant Expiration Date: _____

II. Payment Computation

- A. Payment Request No. _____
- B. Grant Amount: \$ 0.00
- C. AIPP Amount (If Applicable): \$ 0.00
- D. Funds Requested to Date: \$ 0.00
- E. Amount Requested this Payment: \$ 0.00
- F. Reversion Amount (If Applicable): \$ 0.00
- G. Grant Balance: \$ 0.00
- H. GF
- I. Final Request for Payment (if Applicable)

- III. Fiscal Year : _____
(The State of NM Fiscal Year is July 1, 20XX through June 30, 20XX of the following year)

- IV. **Compliance Certification:** Under penalty of law, I hereby certify to the best of my knowledge and belief, the above information is correct; expenditures are properly documented, and are valid expenditures or actual receipts; and that the grant activity is in full compliance with Article IX, Sec. 14 of the New Mexico Constitution known as the "anti donation" clause.

Grantee Fiscal Officer
or **Fiscal Agent** (if applicable)

Grantee Representative

Printed Name

Printed Name

Date: _____

Date: _____

(State Agency Use Only)

Vendor Code: _____ Fund No.: _____ Loc No.: _____

I certify that the State Agency financial and vendor file information agree with the above submitted information.

Division Fiscal Officer Date

Division Project Manager Date

