

**SANTA FE COUNTY
RESOLUTION 2024- 030**

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 in the area below. The Community Services Department, received a grant via a Junior Bill, from the State of New Mexico, Department of Finance and Administration for expanding the Homeless Management Information System (HMIS). This grant needs to be budgeted.		
2	Is this Budget Action for a Recurring or Non Recurring Expense(one-time)	Recurring	Non-Recurring X

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	
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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-ZH9129)	X	
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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
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D.	Is a match required? If Yes, please identify funding source in the line below.		X
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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 24th 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
BCC RESOLUTIONS
PAGES: 7

I Hereby Certify That This Instrument Was Filed for Record On The 1ST Day Of March, 2024 at 12:35:38 PM And Was Duly Recorded as Instrument # 2029210 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Katharine E. Clark
Deputy Miranda Smith County Clerk, Santa Fe, NM

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

APPROPRIATION RECIPIENT: SANTA FE COUNTY
APPROPRIATION NUMBER: 23-ZH9129
APPROPRIATION AMOUNT: \$235,000.00
REVERSION DATE: June 30, 2024

APPROPRIATION LANGUAGE

TWO HUNDRED THIRTY FIVE THOUSAND (\$235,000.00) for expanding the homeless management information system in additional agencies statewide and homeless services. 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.

 Appropriation Recipient Representative
 Gregory S. Shaffer, County Manager
 Date: 9/19/2023

 Appropriation Recipient CFO
 Date: 9/10/2023

Approved as to form by Roberta D. Joe, Assistant County Attorney
for J.Y., Santa Fe County Attorney 8/30/2023

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-ZH9129 in the amount of \$235,000.00.

DocuSigned by:
 Wesley Billingsley
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 Wesley Billingsley
 Director, Local Government Division
 Date: 9/25/2023

SFC CLERK RECORDED 03/01/2024

Purchasing Process Request Form

Date Submitted:	8/22/2023	Requesting User Agency:	CSD
Name & Phone of Contact Person:	Jennifer N. Romero 995-9526 or Gina Capener 992-9830		
Contract Tracking #/Buyer (Purchasing)	SB192 Junior Appropriation 23-ZH9129 No. 2024-0053-CSD/MB	BCC Approval? <input type="checkbox"/>	No X Please indicate date

AGENCY REQUEST: (Lease, MOU, Grant, Professional Services Agreement, Construction, Application, etc.) Describe the County, Public and/or Agency need. Describe what you are attempting to purchase, obtain or accomplish. Attach additional information relating to your request (scope of work, specifications, bid items on etc.)

REQUEST: The Community Services Department (CSD) requests the County Manager and Finance Director signatures for the attached Junior Bill Appropriation (23-ZH9129) from the State of New Mexico Department of Finance and Administration in the amount of \$235,000 for expanding the Homeless Management Information System (HMIS) to additional agencies statewide in partnership with the New Mexico Coalition to End Homelessness.

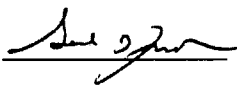
Attached is:

1. Appropriation Agreement
2. Request for Payment Form (Exhibit A)
3. Final Report Form (Exhibit B)

Does this request require IT approval? Yes No **If yes, is the approved work order attached?** Yes No

PURCHASING STATUS:

FINANCIAL / BUDGETARY INFORMATION: (If applicable, include a breakdown of project cost estimates; is funding already appropriated? If this action will result in revenue to the County, include the total compensation and timetable. Include funding information (GF, GRT, Grant, Grant Match, In Kind requirements, etc.)

<u>Grants</u>	<u>Capital, Fund & Cost Center Approval</u>	<u>Budget Approval:</u>
Is this grant related? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is this a capital project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes: provide fund(s) _____	Capital approval: _____	
Grant approval: 	Fund/Cost Center approval: _____	

Please provide account number(s) for this request:

LEGAL FORM: (Is this a new contract or an amendment or change of a previously submitted procurement or contract? Identify any known liabilities and/or risks to the County.)

This is a new agreement with the State of New Mexico.

LEGAL APPROVAL: (sign and date)

FINANCE DIRECTOR APPROVAL: (sign and date)

 9/10/2023

COUNTY MANAGER APPROVAL: (sign and date)

 Gregory S. Shaffer, County Manager 9/19/2023