

# SANTA FE COUNTY

## RESOLUTION 2000- 150

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

Whereas, the Board of County Commissioners meeting in regular session on Nov. 14, 2000, did request the following budget adjustment:

Department/Division: Community Health & Economic Development Division

Fund Name: Housing Section 8 Programs

Budget Adjustment Type: Transfer Between Funds

Fiscal Year: 2000: (July 1, 1999 - June 30, 2000)

1827759

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
517	0000	390	02-00	Operating Transfer In	17,110	
517	0000	390	02-00	Operating Transfer In		15,111
<b>TOTAL (if SUBTOTAL, check here )</b>					17,110	15,111

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
227	0000	490	01-00	Operating Transfer Out	17,110	
228	0000	490	01-00	Operating Transfer Out		15,111
<b>TOTAL (if SUBTOTAL, check here )</b>					17,110	15,111

Requesting Department Approval: Robert A. Anaya *Robert A. Anaya by [Signature]* Title: Executive Director Date: 11/02/00

Finance Department Approval: [Signature] Date: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_

County Manager Approval: [Signature] Date: 11-14-00

**SANTA FE COUNTY**  
**RESOLUTION 2000 - 150**

**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

**Name:** Robert A. Anaya

**Dept/Div:** Community Health & Economic Development/ Housing

**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 BAR moves funds between our Section 8 Certificate & Voucher Programs (Funds 227/228) and our Housing Enterprise Fund (Fund 517). Any administrative fees earned from the Section 8 Certificate or Voucher Programs are transferred into the Housing Enterprise Fund. The purpose of this BAR is to match budgeted transfers in/out to actual transfers in/out according to the Section 8 Year-End Settlement Statement. Please see attached documentation.

- 2) Why was this request not included in the Fiscal Year 2000 Operating Budget?

Operating transfers in/out were budgeted in the FY 2000 Operating Budget, however SFCHA is unable to determine actual administrative fees earned until after the end of the fiscal year. Please see attached applicable administrative fee documentation.

- 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 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.  
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.

Program Name: 2000 Section 8 Vouchers  
Amount of Award: \$ 946,364  
Program Number: NM050 VO 014-021  
Award Date: October 4, 1999

2000 Section 8 Certificates  
\$ 504,110  
NM050 CE 006-011  
October 4, 1999

1827760

**SANTA FE COUNTY**  
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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:**

Name: Robert A. Anaya

Dept/Div: Community Health & Economic Development/Housing

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 request is not the result of Commission action.
  - d) Please identify other funding sources that can be used to match this request.  
There are no other available funds 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 BAR 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 BAR does not impact FTE.

1827761

SANTA FE COUNTY

RESOLUTION 2000 - 150

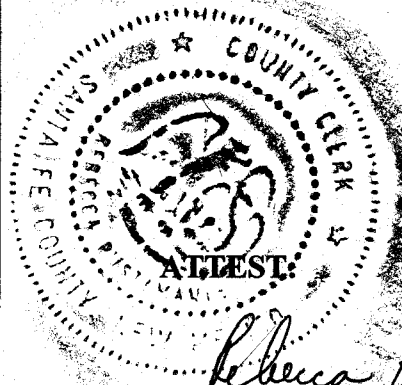
1827762

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 14<sup>th</sup> Day of November, 2000.

Santa Fe Board of County Commissioners

*Richard D. Anaya*  
Richard D. Anaya, Chairperson



*Rebecca Bustamante*  
Rebecca Bustamante, County Clerk

Approved As To Form.

By *[Signature]*  
Steven Kopelman, County Attorney



COUNTY OF SANTA FE  
STATE OF NEW MEXICO  
I hereby certify that this instrument was filed  
for record on the 16 day of Nov A.D.  
20 00, at 10:10 o'clock AM  
and was duly recorded in book 759-762  
page 1827 of the records of

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