

SANTA FE COUNTY

RESOLUTION 2000- 171

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

Whereas, the Board of County Commissioners meeting in regular session on December 26, 2000, did request the following budget adjustment:

Department/Division: Community Health & Economic Development/Housing Authority

Fund Name: 2000 CIAP Program

Budget Adjustment Type: Budget Increase

Fiscal Year: 2001: (July 1, 2000 - June 30, 2001)

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	0465	372	03-01	Housing & Urban Development (HUD)\CIAP	510,774	
517	0000	390	00-00	Operating Transfer In	66,077	
TOTAL (if SUBTOTAL, check here)					-561,851	

576,851

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	0465	471	30-01	In-State Mileage & Fares	200	
301	0465	471	30-02	Out of State Mileage & Fares	3,800	
301	0465	471	30-03	In-State Meals & Lodging	1,000	
301	0465	471	30-04	Out of State Meals & Lodging	5,000	
TOTAL (if SUBTOTAL, check here x)					10,000	

Requesting Department Approval: Robert A. Anaya

Title: Executive Director

Date: 11/30/00

Finance Department Approval: [Signature] Date: 12-20-00

Entered by: _____ Date: _____

County Manager Approval: [Signature] Date: 12-28-00

1842552

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BUDGET ADJUSTMENT CONTINUATION SHEET

BUDGETED REVENUES: (use continuation sheet, if necessary)

1842553

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
301	0465	471	40-01	Maintenance/ Buildings & Structures	259,450	
301	0465	471	40-03	Maintenance/ Grounds & Roadways	46,208	
301	0465	471	70-33	Seminars & Workshops	10,000	
301	0465	471	80-01	Capitalized Buildings & Structures	29,350	
301	0465	471	80-04	Capitalized Furniture & Fixtures	50,800	
301	0465	471	80-09	Vehicles	38,889	
301	0465	490	01-00	Operating Transfers Out	66,077	
517	0430	471	10-26	Term Employees	47,980	
517	0430	471	20-01	FICA (Regular)	3,267	
517	0430	471	20-02	FICA (Medicare)	763.5	
517	0430	471	20-03	Retirement	10,200.5	
517	0430	471	20-05	Health Care	3,291	
517	0430	471	20-06	Retiree Health	536	
517	0430	471	20-08	Worker's Compensation	39	
TOTAL (if SUBTOTAL, check here)					576,851	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

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

Phone #: 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 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.
The following Capital Outlay items are included in this request:
 - \$ 50,800 Housing Units Ranges/Refrigerators Replacement
 - \$ 29,350 Buildings Renovation
 - \$ 38,889 Vehicle(s) for Maintenance/Office Use
- 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 has no FTE impact. This BAR supports an exiting Term FTE.

1842555

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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 26th Day of December, 2000.

Santa Fe Board of County Commissioners

Richard D. Anaya
Richard D. Anaya, Chairperson

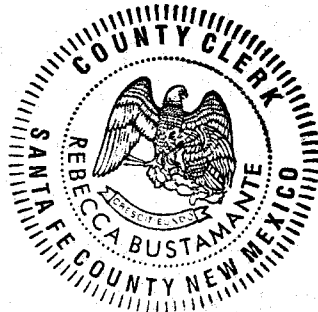
1842556



Marcella Salazar for:
Rebecca Bustamante, County Clerk

Approved As To Form.

By Steve Kopelman
Steve Kopelman, County Attorney



1140750
COUNTY OF SANTA FE) SS
STATE OF NEW MEXICO)
I hereby certify that this instrument was filed
for record on the 2 day of Jan A.D.
20 01 at 8:10 o'clock am
and was duly recorded in book 1842
page 552-556 of the records of

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