

SANTA FE COUNTY

RESOLUTION 2003 - 26

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

Whereas, the Board of County Commissioners meeting in regular session on February 25, 2003, did request the following budget adjustment:

Department / Division: CHDD/ Housing Authority

Fund Name: Section 8 Vouchers (227)/Housing Enterprise (517)

Budget Adjustment Type: Budget Increase

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

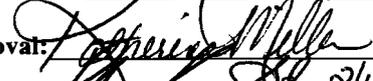
BUDGETED REVENUES: (use continuation sheet, if necessary)

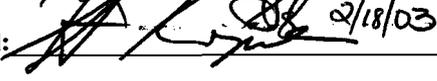
FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
227	0449	343	02-01	Portable Rent / Admin. Fee		5,000
227	0449	381	01-00	Subsidies/ Housing & Urban Development (HUD)	50,059	
517	0430	390	03-00	Operating Transfer In/From Special Revenues	13,413	
TOTAL (if SUBTOTAL, check here)					63,472	5,000
					58,472	

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	0449	471	50-90	Other Contractual Services	21,646	
227	0449	471	50-91	Other Contractual Services / Admin. Fee Ports	10,000	
227	0449	490	01-00	Operating Transfer Out	13,413	
TOTAL (if SUBTOTAL, check here X)					45,059	

Requesting Department Approval: Robert A. Anaya  Title: Executive Director Date: 2/12/03

Finance Department Approval:  Date: 2-18-03 Entered by: _____ Date: _____

County Manager Approval:  Date: 2/18/03

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SANTA FE COUNTY

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BUDGET ADJUSTMENT CONTINUATION SHEET

2357750

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
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	8,429	
517	0430	471	20-01	FICA: Regular	832	
517	0430	471	20-02	FICA: Medicare	194	
517	0430	471	20-03	Retirement Contributions	2,475	
517	0430	471	20-05	Health Care	1,341	
517	0430	471	20-06	Retiree Health	134	
517	0430	471	20-08	Workers Compensation	8	
TOTAL (if SUBTOTAL, check here)					58,472	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: CHDD /Housing Authority

Phone No.: 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 an increase to the Section 8 Voucher Fund (227). The request is necessary to reconcile to a HUD-approved budget revision.

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

Funds for the Section 8 Voucher Fund were approved. This amendment results from a budget revision submitted to HUD to reflect the program's increasing housing assistance payments.

- 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.

Not applicable.

- b) If this is a state or federal grant, cite grant name, number, award date and amount.

<u>Federal Subsidy</u>	<u>Number</u>	<u>Amount</u>	<u>Date:</u>
Section 8 Voucher Program	NM050VO001-034	\$ 1,740,552	January 17, 2003

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: CHDD/ Housing Authority

Phone No.: 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 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 request has no FTE impact.

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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 25th Day of February, 2003.

Santa Fe Board of County Commissioners


Jack Sullivan, Chairperson

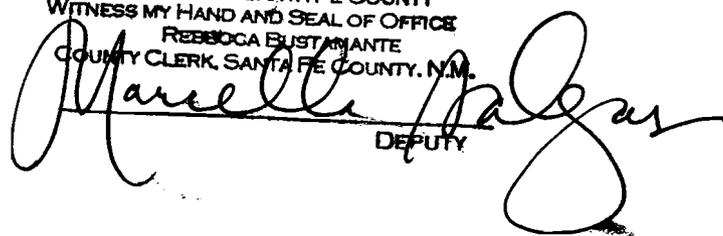



Rebecca Bustamante, County Clerk

Approved As To Form.

By 
Santa Fe County Attorney



1252.569
COUNTY OF SANTA FE
STATE OF NEW MEXICO } ss
I HEREBY CERTIFY THAT THIS INSTRUMENT WAS FILED
FOR RECORD ON THE 4 DAY OF Mar A.D.
20 03 AT 8:09 O'CLOCK PM
AND WAS DULY RECORDED IN BOOK 2357
PAGE 749-753 OF THE RECORDS OF
SANTA FE COUNTY
WITNESS MY HAND AND SEAL OF OFFICE
REBECCA BUSTAMANTE
COUNTY CLERK, SANTA FE COUNTY, N.M.

DEPUTY