

SANTA FE COUNTY
RESOLUTION 2005 - 3

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

Whereas, the Board of County Commissioners meeting in regular session on January 11, 2005 did request the following budget adjustment:

Department / Division: CHS/ Housing Authority

Fund Name: Housing Enterprise Fund (517)

Budget Adjustment Type: Budget Increase

Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

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	1931	385	05.00	Enterprise Funds	13,918	
TOTAL (if SUBTOTAL, check here)					13,918	

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	1931	471	60.01	Inventory Exempt	9,775	
517	1931	471	60.07	Office Supplies	2,486	
517	1931	471	70.90	Other Operating Costs	1,657	
TOTAL (if SUBTOTAL, check here)					13,918	

Requesting Department Approval: Robert A. Anaya Title: Executive Director Date: _____

Finance Department Approval:  Date: 1-4-05 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

SFC CLERK RECORDED 01/12/2005
SANTA FE COUNTY

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: CHS/ 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.
The purpose of this budget adjustment is to budget for resident participation funding in accordance with the approved Resident Participation Fund Policy.
- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?
Funding amounts for this funding can only be estimated during the Spring budgeting process (as the Department of HUD's budgets are not finalized until the Fall). At this time, this adjustment will budget/rebudget funding amounts for previous fiscal years.
- 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 Grant Name</u>	<u>Grant Number</u>	<u>Award (BFY) Date</u>	<u>Amount</u>
2002 Low Rent Operating Subsidy	NM050001-02J	07/01/2001	\$542,358
2003 Low Rent Operating Subsidy	NM050001-03J	07/01/2002	\$655,802
2004 Low Rent Operating Subsidy	NM050001-04J	07/01/2003	\$529,219

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DEPARTMENT CONTACT:

Name: Robert A. Anaya

Dept/Div: CHS/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. Not applicable.
- 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 does not have an 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 11th Day of January 2005.

Santa Fe Board of County Commissioners

Paul Campos, Chairperson



ATTEST:

Valerie Espinoza
Valerie Espinoza, County Clerk



Approved As To Form.

By Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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I Hereby Certify That This Instrument Was Filed for Record On The 12TH Day Of January, A D . 2005 at 17 54 And Was Duly Recorded as Instrument # 1362692 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Valerie Espinoza
Deputy County Clerk, Santa Fe, NM