

SANTA FE COUNTY

RESOLUTION 2005 - 67

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

Whereas, the Board of County Commissioners meeting in regular session on May 24, 2005, did request the following budget adjustment:

Department / Division: CHDD/Housing Authority Fund Name: Section 8 Vouchers (227) / Housing Enterprise (517)

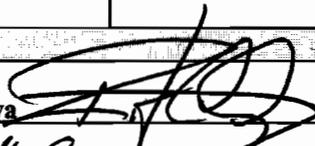
Budget Adjustment Type: Budget Increase Fiscal Year: 2005 (July 1, 2004 - June 30, 2005)

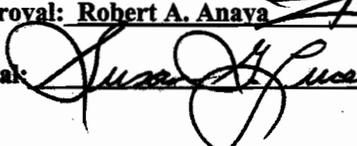
BUDGETED REVENUES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	REVENUE NAME	INCREASE AMOUNT	DECREASE AMOUNT
227	1949	381	01-00	Subsidies/Housing & Urban Development (HUD)	65,177	
517	1930	390	03-00	Operating Transfer In/From Special Revenues	61,500	
TOTAL (if SUBTOTAL, check here)					126,677	

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	1949	471	50-01	Audit Contract	2,396	
227	1949	471	50-91	Other Contractual Services/Admin Fees Port.	1,281	
227	1949	490	01-00	Operating Transfer Out	61,500	
TOTAL (if SUBTOTAL, check here x)					65,177	

Requesting Department Approval: Robert A. Anava  Title: Executive Director Date: 5/17/05

Finance Department Approval:  Date: 5-17-05 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

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BUDGET ADJUSTMENT CONTINUATION SHEET

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	1930	471	10-26	Term Employees	48,062	
517	1930	471	20-01	FICA	2,980	
517	1930	471	20-02	Medicare	697	
517	1930	471	20-03	Retirement Contributions	9,137	
517	1930	471	20-06	Retiree Health	624	
TOTAL (if SUBTOTAL, check here)					126,677	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anava Dept/Div: CHDD/Housing 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 increase the Section 8 Voucher Fund (227) and reflects funding for the Family Self-Sufficiency Coordinator (FSS) Program and additional Discretionary Administrative Funding from HUD.
2) Why was this request not included in the Fiscal Year 2005 Operating Budget? Funds for the Section 8 Voucher Program were approved. This adjustment includes additional program funding awarded after the initial budget approval and provides funds for the FSS program.
3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request? The transfer is non-recurring and does not have impact on future funding.
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.

Table with 4 columns: Federal Subsidy, Number, Amount, Date. Rows include Section 8 Voucher Program with grant numbers NM050VOHF02, NM050VOAU01, and NM050VOHT02.

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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 is no other funding source available 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 have 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 does not have an FTE impact for the department.

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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.

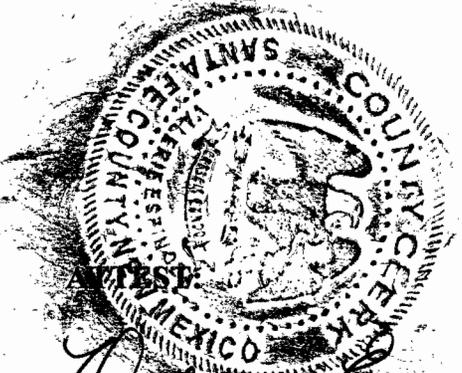
Approved, Adopted, and Passed This 24th Day of May, 2005.

Santa Fe Board of County Commissioners



Michael Araya, Chairperson

By: Harry Montoya, Vice Chairman



Valerie Espinoza, County Clerk

By: Shirley Cooper Garcia, Deputy

Approved As To Form.

By: Stephen Ross, County Attorney

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 5

I Hereby Certify That This Instrument Was Filed for
Record On The 25TH Day Of May, A D . 2005 at 14:34
And Was Duly Recorded as Instrument # 1381416
Of The Records Of Santa Fe County

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