

SANTA FE COUNTY

RESOLUTION 2006 - 12

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 31, 2006, did request the following budget adjustment:

Department / Division: Housing / Administration Fund Name: Housing Enterprise Fund (517)Budget Adjustment Type: Budget Increase Fiscal Year: 2006 (July 1, 2005 - June 30, 2006)

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	1930	360	02-00	Insurance Recoveries	\$8,674.68	
TOTAL (if SUBTOTAL, check here)					\$8,674.68	

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	50-90	Contractual Services / Other Contractual Services	\$5,674.68	
517	1930	471	60-01	Supplies / Inventory Exempt	\$3,000.00	
TOTAL (if SUBTOTAL, check here)					\$8,674.68	

Requesting Department Approval: [Signature] Title: Deputy Director Date: 1/18/06Finance Department Approval: [Signature] Date: 1-24-06 Entered by: _____ Date: _____County Manager Approval: [Signature] Date: 1-31-06

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Dodi Salazar Dept/Div: 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 is to budget insurance recovery revenue received for necessary repairs to damaged housing units.

- 2) Why was this request not included in the Fiscal Year 2006 Operating Budget?
This request reflects actual expenditure required at the point of the fiscal year and was not estimated when the original budget was prepared.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?
This transfer is non-recurring and does not impact 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.
This is not a state special appropriation.

 - b) If this is a state or federal grant, cite grant name, number, award date and amount.
This is not a state or federal grant.

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Dodi Salazar Dept/Div: 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.):

- 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 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 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 31st Day of January, 2006.

Santa Fe Board of County Commissioners

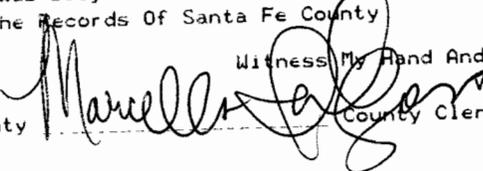

Harry B. Montoya, Chairperson


Valerie Espinoza, County Clerk



Approved As To Form.

By 
Stephen Ross, County Attorney

COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 4
I Hereby Certify That This Instrument Was Filed for
Record On The 7TH Day Of February, A.D., 2006 at 09:50
And Was Duly Recorded as Instrument # 1419236
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office

Deputy County Clerk, Santa Fe, NM