SANTA FE COUNTY HOUSING AUTHORITY BOARD

STC CLERK RECORDED 01/27/2010

RESOLUTION 2010 - 04

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 26, 2010, did request the following budget adjustment:

Department / Division: Community Services / Housing Division

Fund Name: The Bridge Program Fund (226)

Budget Adjustment Type: Budget Increase

Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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
226	1960	381	01-00	State Funds	$123,200	
TOTAL (if SUBTOTAL, check here ____)					123,200	

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
226	1960	471	50-90	Other Contractual Services	106,560	
226	1960	471	60-01	Supplies	8,320	
226	1960	471	70-41	Reporting and Recording	8,320	
TOTAL (if SUBTOTAL, check here ____)					123,200	

Requesting Department Approval: [signature] **Title:** Executive Director **Date:** 1/12/10

Finance Department Approval: [signature] **Date:** 1/19/10 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** _____ **Updated by:** _____ **Date:** _____

RESOLUTION 2010 - 04

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Dodi Salazar **Dept/Div:** Communtiy Svcs / Housing **Phone No.:** (505) 992-3060

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 budget in The Bridge Program Fund for expenditure in Fiscal Year 2010. Funds will increase budget in order to establish initial budget for this program. Funds are a result of a performance agreement between The Life Link and The Santa Fe County Housing Authority.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title

b) Professional Services (50-xx) and Capital Category (80-xx) detail:

Line Item	Detail (what specific things, contracts, or services are being added or deleted)	Amount
50-90	The Bridge Program housing assistance payments	$ 106,560

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Dodi Salazar **Dept/Div:** Community Services / Housing **Phone No.:** (505) 992-3060

DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):

- 3) 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, YES _____ NO X
    If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? YES X NO _____
    If YES, please cite and attach a copy of statute, if a special appropriation, or include grant name, number, award date and amount, and attach a copy of a award letter and proposed budget.
    Performance Agreement with The Life Link
    Total Amount: $123,200
  - c) Is this request is a result of Commission action? YES _____ NO X
    If YES, please cite and attach a copy of supporting documentation (i.e. Minutes, Resolution, Ordinance, etc.).
  - d) Please identify other funding sources used to match this request.
    There are no other funding sources to match this request.

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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 26 Day of January, 2010.

Santa Fe County Housing Authority Board

Harry Montoya, Chairperson

ATTEST:

Valerie Espinoza, County Clerk

HOUSING RESOLUTION
PAGES: 4

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 27TH Day Of January, 2010 at 03:34:5
And Was Duly Recorded as Instrument # 1589557
Of The Records Of Santa Fe County

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

Deputy Marcella Lopez