SANTA FE COUNTY

RESOLUTION 2005 - 80

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

Whereas, the Board of County Commissioners meeting in regular session on June 14,2005, did request the following budget adjustment:

Department / Division: CHDD/Housing Authority Fund Name: Section 8 Voucher (227)

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 and Urban Development	$ 74,204	
TOTAL (if SUBTOTAL, check here ____)					$ 74,204	

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	50-90	Other Contractual Services	$ 74,204	
TOTAL (if SUBTOTAL, check here ____)					$ 74,204	

Requesting Department Approval: Dodi Salazar **Title:** Deputy Director **Date:** 6/7/05

Finance Department Approval: **Date:** 6-8-05 **Entered by:** **Date:**

County Manager Approval: **Date:**

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SANTA FE COUNTY

RESOLUTION 2005 - 80

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
TOTAL (if SUBTOTAL, check here ____)						

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SANTA FE COUNTY

RESOLUTION 2005 - 80

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Robert A. Anaya **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 increases the Section 8 Voucher Fund to reflect actual appropriation from HUD at fiscal year end 6/30/05.

- 2) Why was this request not included in the Fiscal Year 2005 Operating Budget?

  Actual appropriation from HUD is adjusted during the fiscal year and was not available to us when FY05 Operating Budget was initially proposed and adopted.

- 3) Is the transfer recurring or non-recurring and what are the future funding impacts of this request?

  This is a non-recurring transfer and has no future funding impact.

- 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.

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

    This request impacts Fund 227 Section 8 Voucher. Attached are HUD documents supporting the adjusted appropriations.

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SANTA FE COUNTY

RESOLUTION 2005 - 80

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 is no other funding source that can b e 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 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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SANTA FE COUNTY

RESOLUTION 2005 - 80

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 14 **Day of** JUNE **, 2005.**

Santa Fe Board of County Commissioners

Michael Anaya, Chairperson

ATTEST:

Valerie Espinoza, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

RESOLUTION
PAGES: 5

I Hereby Certify That This Instrument Was Filed for Record On The 16TH Day Of June A D., 2005 at 08 42 And Was Duly Recorded as Instrument # 1384585 Of The Records Of Santa Fe County

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

Approved As To Form.

By _____
Stephen Ross, County Attorney

COUNTY CLERK SANTA FE COUNTY NEW MEXICO VALERIE ESPINOZA