

RESOLUTION 2007 - 138

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

Whereas, the Board of County Commissioners meeting in regular session on 8/28/07, did request the following budget adjustment:

Department / Division: Growth Management/Affordable Housing Fund Name: Affordable Housing Fund (231)

Budget Adjustment Type: Budget Increase Fiscal Year: 2008 (July 1, 2007 - June 30, 2008)

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
231	0000	385	05-00	Budgeted cash	\$53,918.00	
TOTAL (if SUBTOTAL, check here)					\$53,918.00	

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
231	1930	471	10-26	Salaries-term employee	\$37,440.00	
231	1930	471	20-01	FICA	\$ 2,321.00	
231	1930	471	20-02	Medicare	\$ 543.00	
231	1930	471	20-03	Retirement Contribution	\$ 7,117.00	
TOTAL (if SUBTOTAL, check here xx)					\$47,421.00	

Requesting Department Approval: [Signature] Title: Affordable Housing Admin Date: 8/13/07

Finance Department Approval: [Signature] Date: 8-14-07 Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

SANTA FE COUNTY

RESOLUTION 2007 - _____

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
231	1930	471	20-05	Healthcare Benefits	\$ 3,010.00	
231	1930	471	20-06	Retiree Health	\$ 487.00	
231	1930	471	60-01	Inventory Exempt	\$ 700.00	
231	1930	471	80-15	Computers and Peripherals	\$ 2,000.00	
231	1930	471	60-07	Supplies	\$ 300.00	
TOTAL (if SUBTOTAL, check here xx)					\$ 6,497.00	

RESOLUTION 2007 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Duncan Sill Dept/Div: Affordable Housing Phone No.: 992-6752

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 of one FTE Term Accountant II Position for Affordable Housing Program is for the purpose of supporting unmet administrative compliance related monitoring and recordkeeping responsibilities. This FTE request was previously submitted as part of the FY08 Budgeting Process but is not part of the General Fund approval since the funding source for this position is supported by an Enterprise Fund (231). Related expenses for the purchase of a computer, furnishings and supplies are included here to support this new term position. This new position is vital to the development and implementation of control systems for the Affordable Housing Program and allows auditing of Projects and affordable housing units on a heightened level to ensure that the intent of Affordable Housing efforts are maintained and supported with the highest degree of integrity.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
231-1930-471-10-22	Add position	Term	Accountant II

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
231-1930-471-80-15	Computer and peripherals (software and related)	\$2,000.00

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

RESOLUTION 2007 - _____

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Duncan Sill

Dept/Div: Affordable Housing

Phone No.: 992-6752

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 _____ NO x
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.
 - 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.

n/a

SANTA FE COUNTY

RESOLUTION 2007 - _____

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 _____ Day of _____, 2007.

Santa Fe Board of County Commissioners

Virginia Vigil
Virginia Vigil, Chairperson

Valerie Espinoza
Valerie Espinoza, County Clerk



Approved As To Form.

By *Stephen Ross*
Stephen Ross, County Attorney

COUNTY OF SANTA FE) BCC RESOLUTIONS
STATE OF NEW MEXICO) ss PAGES: 5
I Hereby Certify That This Instrument Was Filed for
Record On The 29TH Day Of August, A.D., 2007 at 09:48
And Was Duly Recorded as Instrument # 1497642
Of The Records Of Santa Fe County
Witness My Hand And Seal Of Office
Orlinda L. Romero Valerie Espinoza
Deputy County Clerk, Santa Fe, NM