

SANTA FE COUNTY HOUSING AUTHORITY BOARD

DE D01/27/2010
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RESOLUTION 2010 - 05

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: Capital Fund Program Fund (301)

Budget Adjustment Type: Budget Decrease

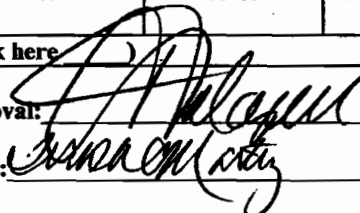
Fiscal Year: 2010 (July 1, 2009 - June 30, 2010)

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
301	1976	372	03-01	HUD / CFP		\$ 18,000
TOTAL (if SUBTOTAL, check here)						18,000

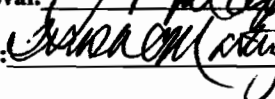
BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE XXX	DEPARTMENT/ DIVISION XXXX	ACTIVITY BASIC/SUB XXX	ELEMENT/ OBJECT XXXX	CATEGORY / LINE ITEM NAME	INCREASE AMOUNT	DECREASE AMOUNT
301	1976	471	40-01	Buildings / Structures		10,000
301	1976	471	40-03	Grounds / Roadways		8,000
TOTAL (if SUBTOTAL, check here)						18,000

Requesting Department Approval: 

Title: Executive Director

Date: 1/12/10

Finance Department Approval: 

Date: 1/14/10

Entered by: _____

Date: _____

County Manager Approval: _____

Date: _____

Updated by: _____

Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Dodi Salazar Dept/Div: Community 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 decrease budget in The Capital Fund 2007 Program due to the fact that all projects for this program have been completed in FY 2009.

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

- 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 _____ 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.
There are no other funding sources to match this request.

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SF-C-SL-REC-RECORDED 01/27/2010

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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



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

HOUSING RESOLUTION
PAGES: 4

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 # 1589558
Of The Records Of Santa Fe County

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