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## **RESOLUTION 2010 -** <u>58</u>

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

Whereas, the Board of County Commissioners meeting in regular session on March 30th 2010, did request the following budget adjustment:

Department / Division: CSD/Affordable Housing

Fund Name: <u>Developer Fees Fund (231)</u>

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
231	0000	385	0500	Budgeted Cash	450,000	
TOTAL (i	f Subtotal, ch	eck here	,		450,000	

BUDGETED EXPENDITURES: (use continuation sheet, if necessary)

FUND CODE	DEPARTMENT/ DIVISION	ACTIVITY BASIC/SUB	ELEMENT/ OBJECT	CATEGORY / LINE ITEM	INCREASE	DECREASE
XXX	XXXX	XXX	XXXX	NAME	AMOUNT	AMOUNT
231	1941	471	7101	Down Payment Assistance	200,000	
231	1940	471	7101	Down Payment Assistance	200,000	
231	1940	471	7102	Developer Subsidy	50,000	•
TOTAL (if SUBTOTAL, check here)				h	450,000	

Requesting Department Approval: Dodi Salazar	[_/JUU		Title: <u>Division Director</u> Date: <u> </u>	110
Finance Department Approval:	<u></u>	Date: 3/15/10	Entered by:	Date:
County Manager Approval:	<u>ر</u>	Date:	Updated by:	Date:

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4000 4000	ATA TOTAL PART AT	CONTRACTOR OF	E MECHOGO ANTE
ATTACH.	ADDITIONAL.	SHEETS I	F NECESSARY.

ims request increases	the budget to allow for the Affordable Housing Depart	tment to start disbursing Developer Subsidy and I	Down payment Assistance.
a) Employee Actions			
Line Item	Action (Add/Delete Position, Reclass, Overtin	Position Type (permanent, term)	Position Title
·	s (50-xx) and Capital Category (80-xx) detail:  Detail (what specific things, contracts, or servi	ces are being added or deleted)	Amour
Line Item	Demin (William Specific Limites, Contraction, Cr. Servi	out doing added of defending	7 IIIOU
Line Item			
Line Item			
	r RECURRING expense or for NON-REC	TIDDING (one time only) expense	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

d) Please identify other funding sources used to match this request.

There are no other funding sources to match this request.

DEP	AR'	TM	EN'	CONTACT: Name: <u>Dodi Salazar</u> Dept/Div: <u>CSD/Affordable Housing</u> Phone No.: <u>505 992-3058</u>	
DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):					
• 3				is request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:  If this is a state special appropriation, YES NO XXX  If YES, cite statute and attach a copy.  This is not a state special appropriation	
		•	b)	Does this include state or federal funds? YES NO XXX 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. This is not a state or federal grant.	
		•	c)	Is this request is a result of Commission action? YES XXX NO In the meeting of February 23th 2010 ( please see attached )	

# RESOLUTION 2010 - 58

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 30th Day of March, 2010.

Santa Fe Board of County Commissioners

Harry Montoya, Charperson

ATTEST:

Valerie Espinoza, County Olerk



COUNTY OF SANTA FE
STATE OF NEW MEXICO

I Hereby Certify That This Instrument Was Filed for And Was Duly Recorded as Instrument # 1594726

Of The Records Of Santa Fe County

Pourty Clerk, Santa Fe, NM