

RESOLUTION 2011 - 12

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

Whereas, the Board of County Commissioners meeting in regular session on August 30, 2011, did request the following budget adjustment:

Department / Division: Community Services / Housing Division

Fund Name: Housing Assistance/Home Sales

Budget Adjustment Type: Budget Increase

Fiscal Year: 2012 (July 1, 2011 - June 30, 2012)

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	03-05	HUD / HAP Admin Fees	69,000	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					69,000	

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
227	1949	471	10-26	Salaries / Term Employees	49,235	
227	1949	471	20-01	FICA - Regular	3,053	
227	1949	471	20-02	FICA - Medicare	714	
227	1949	471	20-03	Retirement Contributions	9,359	
227	1949	471	20-05	Health Care	5,736	
227	1949	471	20-06	Retirement Health Care	903	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					69,000	

Requesting Department Approval: [Signature] Title: Executive Director Date: 8/19/11

Finance Department Approval: [Signature] Date: 8/19/11 Entered by: _____ Date: _____

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

SANTA FE COUNTY HOUSING AUTHORITY BOARD

FILED CLERK RECORDED 05/02/2011

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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 increase the budget in the Housing Choice Voucher Fund (formerly Section 8) for expenditure in Fiscal Year 2012 due to the award of a ROSS grant. The award supports the position of the Family Self Sufficiency (FSS) coordinator. This request will use the grant money to cover salary and benefits for the FSS coordinator.

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 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 an award letter and proposed budget.

HUD Funding Increment Number – NM050FSF005 awarded on April 11, 2011 to cover the period of January 1, 2011 to December 31, 2011 in the amount of \$69,000
 - 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.

RESOLUTION 2011 -

12

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.

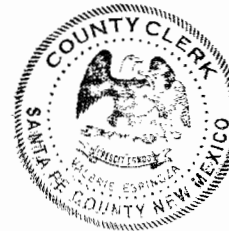
Approved, Adopted, and Passed This 30 Day of August, 2011.

Santa Fe County Housing Authority Board


Virginia Vigil, Chairperson

ATTEST:


Valerie Espinoza, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

HOUSING RESOLUTION
PAGES: 6

I Hereby Certify That This Instrument Was Filed for
Record On The 2ND Day Of September, 2011 at 01:58:44 PM
And Was Duly Recorded as Instrument # **1644390**
Of The Records Of Santa Fe County

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



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

Financial Management Center
2345 Grand Boulevard, Suite 1150
Kansas City, MO 64108-2603

6BPH
NM050
SANTA FE COUNTY HSG AUTHORITY
52 CAMINO DE JACOBO
SANTA FE, NM 87507

April 11, 2011

Dear Executive Director:

**SUBJECT: FY 2010 Housing Choice Vouchers
Family Self-Sufficiency Coordinator Award**

Your agency has received notification from the Public and Indian Housing Grants Management Center of an award under the Department's FY2010 Family Self-Sufficiency **(FSS) Coordinator Program**.

This letter is to advise you of the funding awarded and provide you with a copy of the executed Annual Contributions Contract, Notice of Amendment and Funding Exhibit(s). This notice should be maintained with your Consolidated ACC.

The specific information concerning the renewal(s) for your public housing agency (PHA) is identified below.

Funding Increment Number	Budget Authority Assigned	Effective Date	Expiration Date	Term (Months)
NM050FSF005	\$69,000	1/1/2011	12/31/2011	12

The effective date established for all of the renewal awards is January 1, 2011, with a 12-month term. The disbursements have been scheduled evenly over the term of the increment.

You are reminded that expenses must be reported in the Voucher Management System (VMS) for each reporting cycle during which the award is effective. The expenses do not have to match the disbursement exactly but should reflect that the agency is actively using the funds that are being disbursed each month.

Public housing agencies receiving an increment in excess of \$100,000 in Budget Authority (BA) are required to submit Form HUD-50071, Certification of Payments to Influence Federal Transactions, and if applicable, Form SF-LLL, Disclosure of Lobbying Activities.

If this letter notifies you of a renewal in excess of \$100,000, and your PHA has not submitted the Form(s) HUD-50071 (and SF-LLL where applicable) for your current fiscal year; the documents must be submitted to your Financial Analyst at the Financial Management Center (FMC) within 30 days of the date of this letter. These forms are located on the Internet at the following addresses:

Form HUD-50071

<http://www.hud.gov/utilities/intercept.cfm?/offices/adm/hudclips/forms/files/50071.pdf>

Form SF-LLL

<http://www.hud.gov/offices/adm/hudclips/forms/files/sfill.pdf>

www.hudclips.org/subscriber/html/forms.htm.

If there are any questions concerning the funding, please contact your FMC Financial Analyst. Should you have any questions concerning the award process or amount of the award, please contact Cedric A. Brown, Acting Director, Grants Management Center, at (202) 475 8589.

We offer our congratulations on this award and wish you every success with your FSS Program.

Sincerely,

Robert H. Boepple

Digitally signed by Robert H. Boepple
DN: CN = Robert H. Boepple, C = US, O =
Financial Management Center, OU = Deputy
Director
Reason: I am approving this document

Deputy Director

Enclosures

Memo Reference: 11-035

SAC CLERK RECORDED 03/02/2011