

SANTA FE COUNTY HOUSING AUTHORITY BOARD

SET CLEAR RETURNED 08/02/2011

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RESOLUTION 2011 - 14

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 Capital Fund Program

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
301	1979	372	30-01	HUD / CFP	11,879	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					11,879	

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	1979	471	40-02	Grounds maintenance	11,668	
301	1979	471	40-10	Pest control	211	
TOTAL (if SUBTOTAL, check here <input checked="" type="checkbox"/>)					11,879	

Requesting Department Approval: [Signature] Title: Executive Director

Date: 8/19/11

Finance Department Approval: [Signature] Date: [Signature]

Entered by: _____ Date: _____

County Manager Approval: _____ Date: _____

Updated by: _____ Date: _____

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SEE CLERK RETURNED 03/02/2011

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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 funds available for projected expenditures for the 2009 Capital Fund Program with the HUD balance available for that program.

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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SEE CLEAR RECORD 03/02/2011

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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 – NM02P050501-09 awarded on September __, 2009 for the Capital Fund Program in the amount of \$313,508.
 - 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 - 14

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
Virginia Vigil, Chairperson

ATTEST:

Valerie Espinoza
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 2ND Day Of September, 2011 at 01:58:46 PM
And Was Duly Recorded as Instrument # 1644392
Of The Records Of Santa Fe County

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