

RESOLUTION 2011 - 16

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

Whereas, the Board of County Commissioners meeting in regular session on September 27, 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
226	1950	371	20-02	Subsidies / Housing and Urban Development (HUD)	8,000	
TOTAL (if SUBTOTAL, check here <u>X</u>)					8,000	

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
226	1950	471	10-26	Salaries / Term Employees	5,708	
226	1950	471	20-01	FICA - Regular	354	
226	1950	471	20-02	FICA - Medicare	83	
226	1950	471	20-03	Retirement Contributions	1,085	
226	1950	471	20-05	Health Care	665	
226	1950	471	20-06	Retirement Health Care	105	
TOTAL (if SUBTOTAL, check here <u>X</u>)					8,000	

Requesting Department Approval: [Signature] Title: Executive Director Date: 9/22/11

Finance Department Approval: [Signature] Date: 9/16/11 Entered by: _____ Date: _____

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

SANTA FE COUNTY HOUSING AUTHORITY BOARD

SANTA FE COUNTY CLERK'S OFFICE 03/28/2011

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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 LINKAGES voucher program for expenditure in Fiscal Year 2012. The award supports the position of the LINKAGES coordinator. This request will use the grant money to cover salary and benefits for this employee.

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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- 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.

LINKAGES contract with Santa Fe County Housing Authority.
 - 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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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 27th Day of September, 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
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I Hereby Certify That This Instrument Was Filed for
Record On The 28TH Day Of September, 2011 at 09:25:34 AM
And Was Duly Recorded as Instrument # **1646409**
Of The Records Of Santa Fe County

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