

SANTA FE COUNTY
RESOLUTION 2011 - 85

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

Whereas, the Board of County Commissioners meeting in regular session on June 14, 2011, did request the following budget adjustment:

Department / Division: Community Services / Housing Division

Fund Name: Section 8 Program Fund (227)

Budget Adjustment Type: Budget Increase

Fiscal Year: 2011 (July 1, 2010 - June 30, 2011)

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 | 0000 | 385 | 03-00 | Budgeted Cash / Federal Funds | 35,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 35,000 | |

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 | 50-90 | Other Contractual Services / HAP | 35,000 | |
| TOTAL (if SUBTOTAL, check here) | | | | | 35,000 | |

Requesting Department Approval: _____

Title: Executive Director

Date: 5/31/11

Finance Department Approval: _____

Date: 5/16/11

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: Communtiy 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 budget from cash reserves in the Section 8 Voucher Fund (227) for expenditure in Fiscal Year 2011. The budget will be used to cover Housing Assistance Payments (HAP) for the remainder of the current fiscal year.

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 |
|--------------------|--|-----------|
| 227-1949-471.50-90 | Increased budget will cover HAP costs for the remainder of Fiscal Year 2011 | \$ 35,000 |
| | | |
| | | |

- 2) Is the budget action for RECURRING expense _____ or for NON-RECURRING (one-time only) expense X

COUNTY OF SANTA FE) BCC RESOLUTIONS
 STATE OF NEW MEXICO) ss PAGES: 4

I Hereby Certify That This Instrument Was Filed for
 Record On The 15TH Day Of June, 2011 at 12:03:05 PM
 And Was Duly Recorded as Instrument # **1637535**
 Of The Records Of Santa Fe County

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



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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.

US Dept. of Housing and Urban Development Housing Choice Voucher (Section 8) Program Fund Balance will be used to increase 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.).

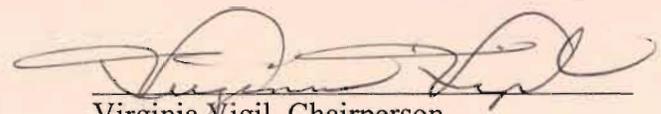
 - d) Please identify other funding sources used to match this request.
There are no other funding sources to match this request.

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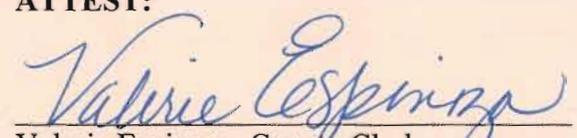
NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 14 Day of June, 2011.

Santa Fe County Housing Authority Board


Virginia Vigil, Chairperson

ATTEST:


Valerie Espinoza, County Clerk

