SFC CLERK RECORDED 10/30/2013

SANTA FE COUNTY

RESOLUTION 2013 - 12HB

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

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

Department / Division: CSD/Housing

Fund Name: Capital Fund Program (301)

Budget Adjustment Type: Budget Increase

Fiscal Year: 2014 (July 1, 2013 - June 30, 2014)

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	1983	372	03-01	HUD/CFP	$245,002	
TOTAL (if SUBTOTAL, check here ____)					$245,002	

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	1983	471	10-26	Salaries & Wages	$40,580	
301	1983	471	20-01	FICA – Regular	$ 2,305	
301	1983	471	20-02	FICA – Medicare	$ 539	
301	1983	471	20-03	PERA	$ 7,068	
TOTAL (if SUBTOTAL, check here X)					$50,492	

Requesting Department Approval: _____ **Title:** Executive Director **Date:** 10/23/13

Finance Department Approval: _____ **Date:** 10/24/13 **Entered by:** _____ **Date:** _____

County Manager Approval: _____ **Date:** 10/29/13 **Updated by:** _____ **Date:** _____

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BUDGET ADJUSTMENT CONTINUATION SHEET

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
TOTAL (if SUBTOTAL, check here ____)						

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	1983	471	20-05	Group Insurance	$ 7,227	
301	1983	471	20-06	Retiree Health Care	$ 681	
301	1983	471	40-04	Maintenance/Building/Structure	$141,602	
301	1983	471	40-03	Maintenance/Grounds/Roadways	$ 10,000	
301	1983	471	70-33	Seminars & Workshops	$ 5,000	
301	1983	471	80-09	Vehicle	$ 30,000	
TOTAL (if SUBTOTAL, check here ____)					$245,002	

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Deanna Lopez **Dept/Div:** CSD/Housing **Phone No.:** 992-0361

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 2013 Capital Fund Program with the HUD balance available for the 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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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Deanna Lopez **Dept/Div:** CSD/Housing **Phone No.:** 992-3061

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 a award letter and proposed budget.

    Capital Fund Program (CFP) Grant, Project NM02P050501-13 Grant Amount $245,002.00

  - 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.

SFC CLERK RECORDED 10/30/2013

SANTA FE COUNTY

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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 29 **Day of** October **, 2013.**

Santa Fe Board of County Commissioners

Kathy Holian

Kathy Holian, Chairperson

ATTEST:

Geraldine Salazar

Geraldine Salazar, County Clerk 10-29-2013

COUNTY CLERK SANTA FE COUNTY NEW MEXICO GERALDINE SALAZAR

COUNTY CLERK SANTA FE COUNTY NEW MEXICO GERALDINE SALAZAR

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

HOUSING RESOLUTION
PAGES: 5

I Hereby Certify That This Instrument Was Filed for Record On The 30TH Day Of October, 2013 at 12:01:27 PM And Was Duly Recorded as Instrument # 1721873 Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Geraldine Salazar
County Clerk, Santa Fe, NM

Deputy Marcella Salazar