

SANTA FE COUNTY

RESOLUTION 2014 – 02HB

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: Bridge Program

Budget Adjustment Type: 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
226	0000	385	00-00	Budgeted Cash	\$4,759.14	
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
226	1960	471	50-90	Other Services	\$4,579.14	
TOTAL (if SUBTOTAL, check here)						

Requesting Department Approval: JN Pacheco Title: Executive Director Date: 2/6/14

Finance Department Approval: Juan CN Cortez Date: 2/6/14 Entered by: _____ Date: _____

County Manager Approval: Katherine J. Hill Date: 2.10.14 Updated by: _____ Date: _____

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Marcus MacDonald Dept/Div: CSD/Housing Phone No.: 505-995-9531

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 is an increase to the bridge program budget, in order to set the fund to its proper allocated amount for Fiscal Year 2014.

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
50-90	Contract Professional Services for administering the Bridge Program. The services rendered will consist of rental housing for low-income families in the Life Link Program.	\$4,579.14

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

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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 _____ NO X
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.

 - 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.

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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 05 Day of February, 2014.

Santa Fe Board of County Commissioners

Daniel W. Mayfield
Daniel W. Mayfield, Chairperson

ATTEST:

Geraldine Salazar
Geraldine Salazar, County Clerk
2/25/2014



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 26TH Day Of February, 2014 at 03:26:58 PM And Was Duly Recorded as Instrument # 1730887 Of The Records Of Santa Fe County

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