

SANTA FE COUNTY

RESOLUTION 2014 - 14HB

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: Housing CFP 2011

Budget Adjustment Type: Increase Fiscal Year: 2015 (July 1, 2014 - June 30, 2015)

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	1981	372	03-01	Housing and Urban Development	\$2,544.00	
TOTAL (if SUBTOTAL, check here)					\$2,544.00	

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	1981	471	80-99	Inventory Exempt	\$2,544.00	
TOTAL (if SUBTOTAL, check here)					\$2,544.00	

Requesting Department Approval: [Signature] Title: Executive Director Date: 9/12/14
 Finance Department Approval: [Signature] Date: 9/12/14 Entered by: _____ Date: _____
 County Manager Approval: [Signature] Date: 9.15.14 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 resolution will recognize revenue and expenditures for the Capital Fund Grant 2011. The revenue received from the grant will be utilized to purchase tools that will aid and assist in the maintenance of the Public Housing Stock.

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
80-99	Tool Combo-kits (hammer drill, circular saw, reciprocating saw, impact driver, and work light)	4-6 kits

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

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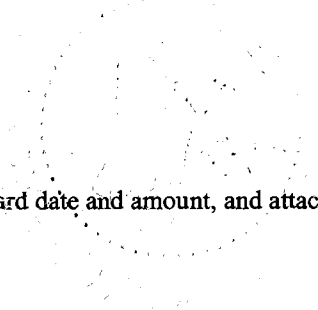
ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Marcus MacDonald Dept/Div: 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.):

- 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.
 - 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.

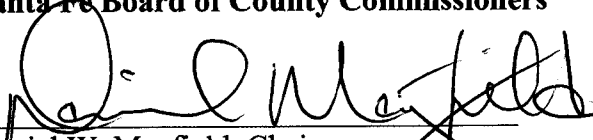


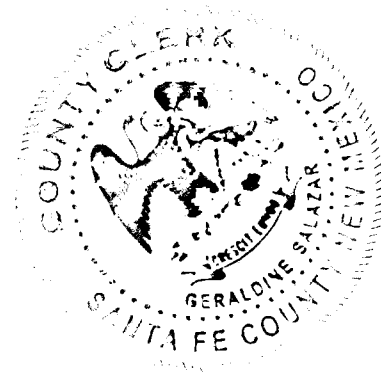
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 30th Day of September, 2014.

Santa Fe Board of County Commissioners


Daniel W. Mayfield, Chairperson

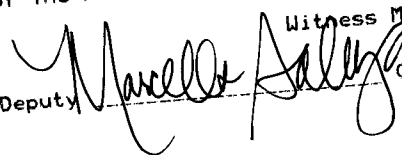


ATTEST:


Geraldine Salazar, County Clerk
10-1-2014



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
HOUSING RESOLUTION
PAGES: 4
I Herby Certify That This Instrument Was Filed for
Record On The 2ND Day Of October, 2014 at 02:23:37 PM
And Was Duly Recorded as Instrument # **1747618**
Of The Records Of Santa Fe County

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