

SANTA FE COUNTY

RESOLUTION 2014 - 15HB

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 Assistance/ Home Sales

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
229	0000	385	03-00	Budgeted Cash/ Federal Funds	\$53,000.00	
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
229	1930	471	80-01	Buildings and Structures	\$53,000.00	
TOTAL (if SUBTOTAL, check here)						

Requesting Department Approval: *Deanne Lopez for JRP* Title: *Department Director* Date: *10/14/14*
 Finance Department Approval: *Francis M. Gandy* Date: *10/20/14* Entered by: _____ Date: _____
 County Manager Approval: *Katherine M. Hill* Date: *10.21.14* 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 request is for the renovation of a public housing unit being transitioned into a home sales unit located at the VillaVista site, at address 2 Tusa Drive. The unit will be renovated and prepared for sale. The use of such funds is in accordance with Title 24, Part 906, Section 31 of the Code of Federal Regulations.

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: 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.):

- 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.

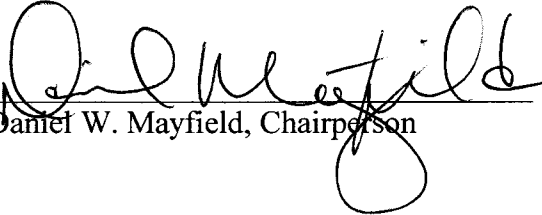
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NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Santa Fe County that the Local Government Division of the Department of Finance and Administration is hereby requested to grant authority to adjust budgets as detailed above.

Approved, Adopted, and Passed This 28th Day of October, 2014.

Santa Fe Board of County Commissioners


Daniel W. Mayfield, Chairperson

ATTEST:

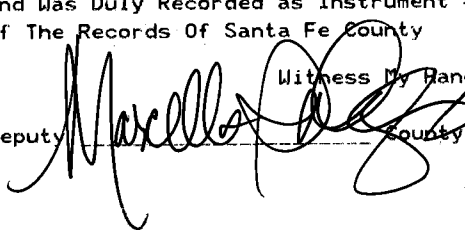

Geraldine Salazar, County Clerk

10-28-2014



COUNTY OF SANTA FE) HOUSING RESOLUTION
STATE OF NEW MEXICO) ss PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 30TH Day Of October, 2014 at 11:21:58 AM And Was Duly Recorded as Instrument # 1749660 Of The Records Of Santa Fe County

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