

SANTA FE COUNTY

RESOLUTION 2015 - DEHB

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: Housing Fund Name: Housing Section 8 Voucher Program

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
227	1949	381	01-03	FSS-Grant	\$16,712	
227	1949	381	01-01	HAP		\$56,000
TOTAL (if SUBTOTAL, check here)					\$16,712	\$56,000

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 Services		
227	1949	471	10-26	Term Employees	\$10,027	
227	1949	471	20-01	FICA- Regular	\$1,036	
227	1949	471	20-02	FICA- Medicare	\$242	
227	1949	471	20-03	Retirement Contributions	\$3,434	
227	1949	471	20-05	Health Care	\$1,639	
227	1949	471	20-06	Retirement Health Care	\$334	
TOTAL (if SUBTOTAL, check here)					\$16,712	\$56,000

Requesting Department Approval: GN Pacheco Title: Executive Director Date: 5/13/15

Finance Department Approval: Carolee Gorman Date: 5/18/15 Entered by: _____ Date: _____

County Manager Approval: Matthew J. Pyle Date: 5-26-15 Updated by: _____ Date: _____

SANTA FE COUNTY
RESOLUTION 2015 - *06HB*

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.):

- 1) Please summarize the request and its purpose.

The request of this budget resolution is to increase the budget for the Ross Grant and decrease the revenue and expenditures associated to the Housing Assistance Payments that are not expected to be received or spent on HAP.

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

SANTA FE COUNTY

RESOLUTION 2015 - *2015*

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
 - If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES 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
 - 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.

SANTA FE COUNTY

RESOLUTION 2015 - 0041B

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 26 Day of May, 2015.

Santa Fe Board of County Commissioners

Robert A. ~~Maya~~, Chairperson

ATTEST:

Geraldine Salazar, County Clerk

Geraldine Salazar



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

HOUSING RESOLUTION
PAGES: 4

Hereby Certify That This Instrument Was Filed for
Record On The 27TH Day Of May, 2015 at 04:23:38 PM
and Was Duly Recorded as Instrument # 1765429
in the Records Of Santa Fe County

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