# SANTA FE COUNTY



## RESOLUTION 2016 - HB3

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

**Whereas, the Board of County Commissioners meeting in regular session on May 31, 2016, did request the following budget adjustment:**

Department / Division: **Housing** Fund Name: **Housing Choice Voucher Fund**

Budget Adjustment Type: **Increase** Fiscal Year: 2016 (July 1, 2015 - June 30, 2016)

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 | 0101 | HOUSING & URBAN DEV (HUD) / HAP | $130,000 | |
| 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 |
|---|---|---|---|---|---|---|
| 227 | 1949 | 471 | 5090 | SERVICES / OTHER SERVICES | $130,000 | |
| TOTAL (if SUBTOTAL, check here ____) | | | | | $130,000 | |

**Requesting Department Approval:** Carolyn Jaramillo **Title:** finance division director **Date:** 5/31/16

**Finance Department Approval:** Carolyn Jaramillo **Date:** 5/31/16 **Entered by:**_____ **Date:**_____

**County Manager Approval:**_____ **Date:** 6.24.16 **Updated by:**_____ **Date:**_____

SFC RECORDED 06/29/2016

# SANTA FE COUNTY



## RESOLUTION 2016 - HB

*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:** **Name:** James Pacheco **Dept/Div:** CSD/Housing **Phone No.:** (505) 995-9558

**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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

SFC RECORDED 06/29/2016

# SANTA FE COUNTY

## RESOLUTION 2016- HB



*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:**

**Name James R. Pacheco _____ Dept/Div: Housing _____ Phone No.: (505) 992-3058 _____**

**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.

SFC RECORDED 06/29/2016

# 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** 31st **Day of** May**, 2016.**

**Santa Fe Board of County Commissioners**

Miguel M. Chavez, Chairperson

**ATTEST:**

Geraldine Salazar, County Clerk

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 29TH Day Of June, 2016 at 02:21:35 PM And Was Duly Recorded as Instrument # 1797709 Of The Records Of Santa Fe County

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

SFC RECORDED 06/29/2016