*RE_RECORDING TO CORRECT RESOLUTION NUMBER.

# SANTA FE COUNTY

## RESOLUTION 2018 - ~~04~~ HB 04A HB



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

**Whereas, the Board of County Commissioners meeting in regular session on** JUNE 26 2018 **, did request the following budget adjustment:**

Department / Division: Housing

Fund Name: FSS

Budget Adjustment Type: Increase/Initial

Fiscal Year: 2018 (July 1, 2017 - June 30, 2018)

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 | 1951 | 372 | ~~9103~~ 03-07 | FSS Grant | 16,789 | |
| **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 | 1951 | 471 | 1026 | Salary & Wages/Term Employees | 12,245 | |
| 227 | 1951 | 471 | 2001 | Employee Benefits/FICA – Regular | 759 | |
| 227 | 1951 | 471 | 2002 | Employee Benefits/FICA – Medicare | 1,020 | |
| 227 | 1951 | 471 | 2003 | Employee Benefits – Retirement Contrib | 2,515 | |
| 227 | 1951 | 471 | 2006 | Employee Benefits – Retire Health Care | 245 | |
| 227 | 1951 | 471 | 2008 | Employee Benefits – Workers Comp | 5 | |
| **TOTAL (if SUBTOTAL, check here ____)** | | | | | 16,789 | |
| | | | | | | |

**Requesting Department Approval:** _____ **Title:** Executive Director **Date:** 6/26/18

**Finance Department Approval:** _____ **Date:** 6/26/18 **Entered by:** Maria Benda **Date:** 6-27-18

**County Manager Approval:** _____ **Date:** 6/26/18 **Updated by:** _____ **Date:** 6/29/18

Log # 1991

# SANTA FE COUNTY

## RESOLUTION 2018 - ~~04-HB~~ 04A-HB



*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:** **Name:** Alex Cintron **Dept/Div:** Housing **Phone No.:** 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. To establish the budget for the Family Self-Sufficiency Grant.

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 2018 - ~~04/HB~~ CHA-HB



*ATTACH ADDITIONAL SHEETS IF NECESSARY.*

**DEPARTMENT CONTACT:** **Name:** Alex Cintron **Dept/Div:** Housing **Phone No.:** 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. Family Self-Sufficiency Grant, FSS17NM0222-01-00, January 16, 2018, $50,149.
  - 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.

# SANTA FE COUNTY

## RESOLUTION 2018 - ~~0448~~ 0448 CHA-HB

**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** June, **2018.**

**Santa Fe Board of County Commissioners**

Anna Hansen

Anna Hansen, Chairperson

**ATTEST:**

Geraldine Salazar

Geraldine Salazar, County Clerk

COUNTY CLERK
GERALDINE SALAZAR
SANTA FE COUNTY NEW MEXICO

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 27TH Day Of June, 2018 at 08:48:50 AM
And Was Duly Recorded as Instrument # 1861143
Of The Records Of Santa Fe County

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

Deputy Estrella Martinez

COUNTY CLERK
GERALDINE SALAZAR
SANTA FE COUNTY NEW MEXICO

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 3RD Day Of October, 2018 at 11:53:21 AM
And Was Duly Recorded as Instrument # 1869205
Of The Records Of Santa Fe County

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

Deputy Estrella Martinez

COUNTY CLERK
GERALDINE SALAZAR
SANTA FE COUNTY NEW MEXICO