

SANTA FE COUNTY

RESOLUTION 2018 -

211B *01A 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	<i>0103</i> <i>03-07</i>	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: *[Signature]* Title: Executive Director Date: 6/26/18

Finance Department Approval: *[Signature]* Date: 6/26/18

County Manager Approval: *[Signature]* Date: 6/26/18

Entered by: *[Signature]* Date: 6-27-18

Updated by: *[Signature]* Date: 6/29/18

Log # 1991

SANTA FE COUNTY

RESOLUTION 2018 - ~~041B~~ 04A-HB

Page 2 of 4

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Alex Cintron Dep/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

Page 3 of 4

RESOLUTION 2018 - ~~011-113~~ 011A-113

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 NO X
If YES, cite statute and attach a copy.
 - b) Does this include state or federal funds? YES X NO 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 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

Page 4 of 4

RESOLUTION 2018 - ~~04113~~ ² 04A-1B

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.

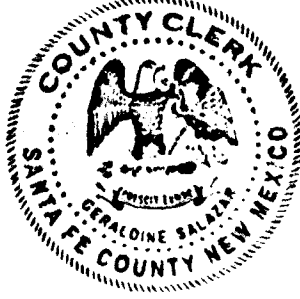
Approved, Adopted, and Passed This 26 Day of June, 2018.

Santa Fe Board of County Commissioners

Anna Hansen
Anna Hansen, Chairperson

ATTEST:

Geraldine Salazar
Geraldine Salazar, County Clerk



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
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
Deputy Geraldine Salazar
County Clerk, Santa Fe, NM



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
Deputy Geraldine Salazar
County Clerk, Santa Fe, NM



REC'D CLERK RECORDED 10/03/2018