

SANTA FE COUNTY

RESOLUTION 2018 - 06 HB

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

Whereas, the Santa Fe County Housing Authority Board meeting in regular session on Sept 25, 2018 did request the following budget adjustment:

Department / Division: Housing Fund Name: ROSS Grant

Budget Adjustment Type: Increase/Initial Fiscal Year: 2019 (July 1, 2018 - June 30, 2019)

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	1952	372	0308	Housing & Urban Dev (HUD) ROSS Grant	\$66,362	
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	1952	471	1026	Salary & Wages/Term Employees	36,080	
227	1952	471	2001	Employee Benefits/FICA - Regular	2,237	
227	1952	471	2002	Employee Benefits/FICA - Medicare	523	
227	1952	471	2003	Employee Benefits - Retirement Contribution	7,216	
227	1952	471	2005	Employee Benefits - Health Care	7,577	
227	1952	471	2006	Employee Benefits - Retirement Health Care	722	
227	1952	471	2008	Employee Benefits - Worker's Comp	7	
227	1952	471	3003	Travel In-State Travel	500	
227	1952	471	3004	Travel Out of State Travel	500	
227	1952	471	5015	Services Software License/Maintenance	1,000	
227	1952	471	5090	Services / Other Services	1,000	
227	1952	471	6007	Supplies Operational Supplies	6,950	
TOTAL (if SUBTOTAL, check here X)					\$64,312	\$

Requesting Department Approval: Joseph Montoya Title: Executive Director Date: 9/19/18

Finance Department Approval: Date: 9/20/18 Entered by: Date:

County Manager Approval: 8102/20/00 Date: 9/20/18

8102/20/00

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CONTINUATION SHEET

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
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	1952	471	6009	Supplies Educational Supplies	500	
227	1952	471	7003	Other Operating Cost Telephone	50	
227	1952	471	7004	Other Operating Cost Electricity	50	
227	1952	471	7005	Other Operating Cost Gas and Heat	50	
227	1952	471	7006	Other Operating Cost Garbage and Sewer	50	
227	1952	471	7007	Other Operating Cost Water	50	
227	1952	471	7033	Other Operating Cost Seminars & Workshops	1,000	
227	1952	471	7036	Other Operating Cost Postage	250	
227	1952	471	7036	Other Operating Cost Printing	50	
TOTAL (if SUBTOTAL, check here x)					\$2,050.00	

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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.
This BAR is to establish the budget for the recently awarded ROSS grant from HUD. It is a three-year award of \$246,000 with a three-year matching contribution of \$61,500.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
227-1952-471.10-26	Add Position	Term	ROSS Coordinator

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 X or for NON-RECURRING (one-time only) expense

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DEPARTMENT CONTACT: Name: Alex Cintron Dept/Div: Housing Phone No.: 995-9531

- 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 an award letter and proposed budget. Resident Opportunity Self-Sufficiency (ROSS) Service Coordinators Grant Program, ROSS181123-01-00, April 13, 2018, \$246,000 for a three-year period.

- 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.
Please see attached memo.

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NOW, THEREFORE, BE IT RESOLVED by the Santa Fe County Housing authority Board 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 25 Day of September 2018.



Santa Fe County Housing Authority Board

Anna Hansen
Anna Hansen, Chairperson

ATTEST

Geraldine Salazar
Geraldine Salazar, County Clerk



HOUSING RESOLUTION
PAGES: 5

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

I Hereby Certify That This Instrument Was Filed for Record On The 3RD Day Of October, 2018 at 12:16:22 PM And Was Duly Recorded as Instrument # 1869208 Of The Records Of Santa Fe County

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

Geraldine Salazar
Martinez

SFC CLERK RECORDED 10/03/2018

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