

**SANTA FE COUNTY**  
**RESOLUTION 2019 - 8 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 \_\_\_\_\_, did request the following budget adjustment:

Department / Division: GMD/Housing Fund Name: Housing Voucher Fund (227)

Budget Adjustment Type: Budget Increase 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	1949	381	01-01	Housing/Voucher Program/HAP	135,000	
227	1949	381	01-02	Housing/Voucher Program/HAP Admin Fees	15,000	
<b>TOTAL (if SUBTOTAL, check here)</b>					<b>150,000</b>	

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	Housing/Voucher Program/Contractual Service	150,000	
<b>TOTAL (if SUBTOTAL, check here)</b>					<b>150,000</b>	

Requesting Department Approval: *[Signature]* Title: Executive Director of Housing Operations Date: 5/21/19  
 Finance Department Approval: *[Signature]* Date: 05/28/19 Entered by: \_\_\_\_\_ Date: \_\_\_\_\_  
 County Manager Approval: *[Signature]* Date: 5.28.19 Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

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**ATTACH ADDITIONAL SHEETS IF NECESSARY.**

**DEPARTMENT CONTACT:** Name: Adrianna Velasquez Dept/Div: GMD/Housing Phone No.: 992-3066

**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.  
On February 27, 2019 the Office of Public and Indian Housing submitted a notification to the Santa Fe County Housing Division, for Monthly Disbursement Schedule in regards to the Housing Assistance Payments. During the course of the year the Housing Division has steadily increased the total amount of vouchers being utilized. The Department of Housing and Urban Development (HUD) also approved an increase in the individual payment amounts based on the fair market rents. Due to those payments increasing, additional funding wasn't requested at the time during the FY19 Budget Request. As a result of that, additional funding is needed in the budget to reflect these increases.

**a) Employee Actions**

Line Item	Action (Add/Delete Position, Reclasse, 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
50-90	Additional Funding for Housing Assistance Program for voucher and fair market rents	\$15,000

- 2) Is the budget action for RECURRING expense \_\_\_\_\_ or for NON-RECURRING (one-time only) expense X

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**DEPARTMENT CONTACT:**

Name: Adrianna Velasquez Dept/Div: GMD/Housing Phone No.: 992-3066

**DETAILED JUSTIFICATION FOR REQUESTING BUDGET ADJUSTMENT (If applicable, cite the following authority: State Statute, grant name and award date, other laws, regulations, etc.):**

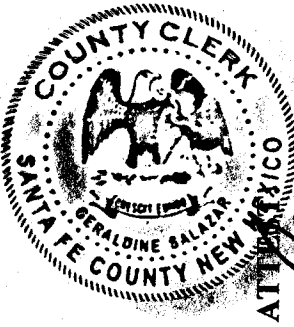
- 3) Does this request impact a revenue source? If so, please identify (i.e. General Fund, state funds, federal funds, etc.), and address the following:
  - a) If this is a state special appropriation, YES  NO   
If YES, cite statute and attach a copy.
  - b) Does this include state or federal funds? 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.

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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 28 Day of May, 2019.



Santa Fe Board of County Commissioners

*Anna T. Hamilton*  
Anna T. Hamilton, Chair

*Geraldine Salazar*  
Geraldine Salazar, County Clerk



HOUSING RESOLUTION  
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COUNTY OF SANTA FE )  
STATE OF NEW MEXICO ) ss

I Hereby Certify That This Instrument Was Filed for Record On The 29TH Day Of May, 2019 at 01:15:37 PM And Was Duly Recorded as Instrument # 1887370 Of The Records Of Santa Fe County

*G. Salazar*  
Deputy  
*J. Martinez*  
Witness My Hand And Seal Of Office  
Geraldine Salazar  
County Clerk, Santa Fe, NM