

SANTA FE COUNTY
RESOLUTION 2019 - 56

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	
					\$150,000	

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 Services	150,000	
					\$150,000	

Requesting Department Approval: _____ Title: County Auditor Date: 4/11/19
 Finance Department Approval: _____ Entered by: _____ Date: _____
 County Manager Approval: _____ **RECORDED** **FILED** **APR 10 2019** Updated by: _____ Date: _____

ST
Log # 1339

SANTA FE COUNTY
RESOLUTION 2019 - 56

ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: Name: Adrianna Velasquez Dept/Div: GMD/Housing Phone No.: 992-3306

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 Housing Assistance Payments and Mainstream units. During the course of the year the Housing Division have 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 fair market rents. Due to those payments increasing, additional funding wasn't requested at the time during the FY 19 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, 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
50-90	Additional Funding for Housing Assistance Program for voucher and fair market rents	\$150,000

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

Name: Adrianna Velasquez Dept/Div: GMD/Housing Phone No.: 992-3302

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
 - 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 grant award letter and proposed budget.

Attachments of Notifications for Disbursement Schedule for 227-1949-381-0101(HAP) and 227-1949-381-0102(HAP Admin Fees)

- 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.

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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 30th Day of April, 2019.



Santa Fe Board of County Commissioners

Anna T. Hamilton, Chair

Geraldine Salazar, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss
BCC RESOLUTIONS
PAGES: 4

I Hereby Certify That This Instrument Was Filed for Record On The 1ST Day Of May, 2019 at 09:05:02 AM And Was Duly Recorded as Instrument # 1885177 Of The Records Of Santa Fe County



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

Handwritten signature of Geraldine Salazar

SFC CLERK RECORDED 05/01/2019