SANTA FE COUNTY

RESOLUTION 2019 - 112

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

Whereas, the Board of County Commissioners meeting in regular session on September 24, 2019, did request the following budget adjustment:

Department / Division: Growth Management\Housing Authority

Fund Name: Capital Fund Program

Budget Adjustment Type: Budget Increase

Fiscal Year: 2020 (July 1, 2019 - June 30, 2020)

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
301	1986	372	03-01	Housing & Urban Development (HUD) CFP	28,225	
301	1987	372	03-01	Housing & Urban Development (HUD)		7,910
TOTAL (if SUBTOTAL, check here ____)					28,225	7,910

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
301	1986	471	10-26	Term Employees	13,567	
301	1986	471	20-01	Employee Benefits: FICA: Regular	908	
301	1986	471	20-02	Employee Benefits: FCA Medicare	194	
301	1986	471	20-03	Employee Benefits: Retirement Contributions	82	
TOTAL (if SUBTOTAL, check here X)					14,751	

Requesting Department Approval: Justin D. Moore **Title: Executive Director** **Date:** 9/11/19

Finance Department Approval: [signature] **Date:** 09/12/19

9-12-19

Entered by: _____ **Date:** _____

County Manager Approval: Katherine C. Miller **Date:** 9/24/19

Updated by: _____ **Date:** _____

Log #0311

SANTA FE COUNTY

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BUDGET ADJUSTMENT 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
301	1986	471	20-05	Employee Benefits: Health Care	442	
301	1986	471	20-06	Employee Benefits: Retiree Healthcare	8	
301	1986	471	80-03	Capital Purchases: Equipment & Machinery	8,753	
301	1986	471	80-99	Capital Purchases: Inventory Exempt	4,270	
301	1987	471	40-01	Maintenance: Buildings & Structures		7,910
7						
TOTAL (if SUBTOTAL, check here ____)					28,225	7,910

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT: **Name:** Anjala Coughlin **Dept/Div:** Growth Management\Housing Authority **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 request adjusts the 2016 and 2017 increments of the HUD Capital Fund Program to the actual balances remaining to be expended in fiscal year 2020. These funds will be utilized for salaries for the Project Manager and Accountant, a portion of an Asbestos Abatement project, a portion of the Security Camera project, and the purchase of stoves and refrigerators, and some other minor purchases. The purpose of this BAR is to align the budget with the remaining funds so they can be expended prior to the expenditure deadline.

a) Employee Actions

Line Item	Action (Add/Delete Position, Reclass, Overtime)	Position Type (permanent, term)	Position Title
10-26	Funding for HUD transfers cost center to cost center	Term	Housing Project Manager
10-26	Funding for HUD transfers cost center to cost center	Term	Accountant Senior
20-01 to 20-08	Benefits for Employees		

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

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ATTACH ADDITIONAL SHEETS IF NECESSARY.

DEPARTMENT CONTACT:

DEPARTMENT CONTACT: **Name:** Anjala Coughlin **Dept/Div:** Growth Management\Housing Authority **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.

    Federal Funds: Capital Fund Program 2016 and 2017
    NM02P050501-16 Increase to remaining Budget 28,225
    NM02P050501-17 Decrease to Remaining Budget (7,910)

  - 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.

HUD Capital Fund Program 2016	NM02P050501-16	04/13/16	$ 258,093
HUD Capital Fund Program 2017	NM02P050501-17	08/18/17	$ 256,936

  - 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.

    NONE

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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 24th Day of September, 2019.

Santa Fe Board of County Commissioners

Anna T. Hamilton, Chairperson

ATTESTED

Geraldine Salazar, County Clerk

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

BCC RESOLUTIONS
PAGES: 5

I Hereby Certify That This Instrument Was Filed for Record On The 25TH Day Of September, 2019 at 02:28:19 PM And Was Duly Recorded as Instrument # 1897617 Of The Records Of Santa Fe County

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

Deputy Estrella Martinez

SFC CLERK RECORDED 09/25/2019