DATE: August 29, 2007

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 7-1293-441-00-340-008-8 (TB Control Grant Contract)

SUBJECT: Budget Amendments (Increases) in Accordance with Local Government Code, Chapter 111, Subchapter C

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (increase) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT -
7-1293-441-00-340-008-8-113	Salaries - F/T Employees	$ 164,411.00
7-1293-441-00-340-008-8-211	Health Insurance	$ 15,028.00
7-1293-441-00-340-008-8-212	Life Insurance	$ 126.00
7-1293-441-00-340-008-8-220	FICA	$ 12,577.46
7-1293-441-00-340-008-8-230	Retirement	$ 14,665.48
7-1293-441-00-340-008-8-250	Unemployment Comp	$ 822.06
7-1293-441-00-340-008-8-260	Worker's Comp	$ 5,376.00
7-1293-441-00-340-008-8-581	Travel In County	$ 4,365.00
7-1293-441-00-340-008-8-601	Office Supplies	$ 6,000.00
7-1293-441-00-340-008-8-603	Educational/Instructional Supplies	$ 11,194.00
	TOTAL BUDGET	$ 234,565.00

INCREASE REQUEST $

Revenue Account #

REASON: Implement TB Control Grant Contract Budget for the period 9/1/2007 - 8/31/2008.

There are no areas in my current budget to reduce in order to fund the above mentioned items.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK