DATE: September 14, 2007

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 7-1293-441-00-340-006-8 (OPHP Grant)

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 -
7-1293-441-00-340-006-8-113	Salaries - F/T Employees	$ 79,388.00
7-1293-441-00-340-006-8-220	FICA	$ 6,073.18
7-1293-441-00-340-006-8-230	Retirement	$ 7,081.41
7-1293-441-00-340-006-8-250	Unemployment Comp	$ 396.94
7-1293-441-00-340-006-8-260	Worker's Comp	$ 2,595.99
7-1293-441-00-340-006-8-211	Health Insurance	$ 12,798.48
7-1293-441-00-340-006-8-212	Life Insurance	$ 150.00
7-1293-441-00-340-006-8-581	Travel In County	$ 500.00
7-1293-441-00-340-006-8-583	Travel Out of County	$ 1,500.00
7-1293-441-00-340-006-8-603	Educational/Instructional Supplies	$ 15,940.00
	TOTAL BUDGET	$ 126,424.00

INCREASE REQUEST $

Revenue Account #

REASON: Implement OPHP Grant 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