DATE: December 19, 2007

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 8-1293-441-00-340-011-0 (TB Elimination 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 -
8-1293-441-00-340-011-0-113	Salaries - F/T Employees	$ 277,892.00
8-1293-441-00-340-011-0-211	Health Insurance	$ 21,209.57
8-1293-441-00-340-011-0-212	Life Insurance	$ 268.19
8-1293-441-00-340-011-0-220	FICA	$ 21,258.74
8-1293-441-00-340-011-0-230	Retirement	$ 24,787.97
8-1293-441-00-340-011-0-250	Unemployment Comp	$ 1,389.46
8-1293-441-00-340-011-0-260	Worker's Comp	$ 9,087.07
	TOTAL BUDGET	$ 355,893.00

INCREASE REQUEST $

Revenue Account # 8-1293-334-00-340-011-0-000 TDH TB Elimination Revenues

REASON: Implement TB Elimination Grant Budget for the period 1/1/2008 - 12/31/2008.

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