DATE: February 25, 2008

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 8-1293-441-00-340-008-8 (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 -
8-1293-441-00-340-008-8-113	Salaries - F/T Employees	$ (109,626.00)
8-1293-441-00-340-008-8-211	Health Insurance	$ (8,328.00)
8-1293-441-00-340-008-8-212	Life Insurance	$ (66.00)
8-1293-441-00-340-008-8-220	FICA	$ (8,386.39)
8-1293-441-00-340-008-8-230	Retirement	$ (9,778.66)
8-1293-441-00-340-008-8-250	Unemployment Comp	$ (548.13)
8-1293-441-00-340-008-8-260	Worker's Comp	$ (3,584.82)
8-1293-441-00-340-008-8-581	Travel In County	$ (4,365.00)
8-1293-441-00-340-008-8-601	Office Supplies	$ (6,000.00)
8-1293-441-00-340-008-8-603	Educational/Instructional Supplies	$ (11,194.00)
8-1293-441-00-340-008-8-604	Chem, Meds, Drugs, Lab Supplies	$ (11,318.00)
	TOTAL BUDGET	$ (173,195.00)

INCREASE REQUEST $

Revenue Account # FY08 TB Control Revenue - 8-1293-334-10-340-008-8-000 (161,877.00)
TB Control PI - 8-1293-345-40-340-008-8-000 (11,318.00)

REASON: Implement amended TB Control 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