DATE: July 28, 2008

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 8-1293-441-00-340-012-9 (Immunization 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
8-1293-441-00-340-012-9-113	Salaries - F/T Employees	$ 353,791.00
8-1293-441-00-340-012-9-220	FICA	$ 27,065.00
8-1293-441-00-340-012-9-230	Retirement	$ 31,558.00
8-1293-441-00-340-012-9-250	Unemployment Compensation	$ 1,769.00
8-1293-441-00-340-012-9-260	Worker's Compensation	$ 11,569.00
8-1293-441-00-340-012-9-211	Health Insurance	$ 27,350.00
8-1293-441-00-340-012-9-212	Life Insurance	$ 466.00
8-1293-334-10-340-012-9-000	Immunization Grant Revenues	453,568.00
	TOTAL BUDGET	$ 453,568.00

INCREASE REQUEST $

Revenue Account #

REASON: Implement Immunization Grant Budget for the period 9/1/2008 - 8/31/2009

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