DATE: August 12, 2008

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 8-1293-441-10-340-028-9 (Office of Border Health EWIDS 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 -
8-1293-441-10-340-028-9-113	Salary F/T Employee	$ 96,627.00
8-1293-441-10-340-028-9-220	FICA	$ 7,391.97
8-1293-441-10-340-028-9-230	Retirement	$ 8,619.13
8-1293-441-10-340-028-9-250	Unemployment Comp	$ 483.14
8-1293-441-10-340-028-9-260	Workers Comp	$ 3,159.70
8-1293-441-10-340-028-9-211	Health Insurance	$ 12,492.06
8-1293-441-10-340-028-9-212	Life Insurance	$ 99.00
8-1293-441-10-340-028-9-583	Travel Out of County	$ 1,128.00
8-1293-334-10-340-028-9-000	Border Health EWIDS Grant	130,000.00
	TOTAL BUDGET	$ 130,000.00

INCREASE REQUEST $

Revenue Account #

REASON: Implement Office of Border Health-EWIDS Grant Budget for the period 8/1/2008 - 7/31/2009.

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