DATE: **September 5, 2008**

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 8-1293-441-00-340-018-9 (SDI 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
8-1293-441-00-340-018-9-113	Salary F/T Employee	$ 275,517.00
8-1293-441-00-340-018-9-220	FICA	$ 21,077.00
8-1293-441-00-340-018-9-230	Retirement	$ 24,577.00
8-1293-441-00-340-018-9-250	Unemployment Comp	$ 1,378.00
8-1293-441-00-340-018-9-260	Workers Comp	$ 9,010.00
8-1293-441-00-340-018-9-211	Health Insurance	$ 33,621.00
8-1293-441-00-340-018-9-212	Life Insurance	$ 266.00
8-1293-441-00-340-018-9-601	Office Supplies	$ 20,000.00
8-1293-441-00-340-018-9-602	Paper Supplies	$ 10,000.00
8-1293-441-00-340-018-9-603	Educational/Instructional Supplies	$ 20,000.00
8-1293-441-00-340-018-9-604	Chem. Drugs, Meds & Lab Supplies	$ 20,000.00
8-1293-441-00-340-018-9-661	Minor Office Equipment	$ 9,111.00
8-1293-441-00-340-018-9-664	Other Minor Equipment	$ 10,000.00
8-1293-334-00-340-018-9-000	SDI Revenue	454,557.00
	TOTAL BUDGET	$ 454,557.00

INCREASE REQUEST $

Revenue Account # 8-1293-334-00-340-018-9-000

REASON: Implement SDI 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