

Evangelina Garcia

From: Evangelina Garcia [evangelina.garcia@co.hidalgo.tx.us]
Sent: Wednesday, February 18, 2009 1:09 PM
To: 'Dairen Sarmiento'
Subject: RE: Request for Budget Change - Can you please on the next Commissioners Court Agenda?

Dairen,
I will place the agenda item for next week's agenda.

From: Dairen Sarmiento [mailto:dairen.sarmiento@hchd.org]
Sent: Wednesday, February 18, 2009 10:41 AM
To: Garcia, Evangelina
Subject: Fw: Request for Budget Change - Can you please on the next Commissioners Court Agenda?

Will this be on next weeks agenda?

Dairen Sarmiento, Director
County Indigent Health Care Program
Health & Human Services Department
1304 South 25th Avenue
Edinburg, Texas 78539
(956) 318-2011 extension 424
(956) 318-2019 FAX

-----Original Message-----

From: "Dairen Sarmiento" <dairen.sarmiento@hchd.org>
Sent: 2/12/2009 3:00:13 PM
To: mike.esaname@auditor.co.hidalgo.tx.us, "Garcia, Evangelina" <evangelina.garcia@co.hidalgo.tx.us>
Subject: Fw: Request for Budget Change - Can you please on the next Commissioners Court Agenda?

SEE ATTACHED

-----Original Message-----

From: "Rebecca Ramirez" <rebecca@hopefamilyhealthcenter.org>
Sent: 2/12/2009 2:22:58 PM
To: dairen.sarmiento@hchd.org
Cc: "Dairen Sarmiento" <dairen.sarmiento@hchd.org>
Subject: Request for Budget Change

Hello Darien~

I hope all is well. I am sending our reimbursement request for the month of January today and along with it I am sending a revised budget form (see attached). Is this format alright?
Thank you!

Rebecca E. Ramirez, LMSW
Executive Director/Social Worker
Hope Family Health Center
2332 Jordan Rd

Community Hope Projects, Inc.
 dba Hope Family Health Center
 Hidalgo County Demonstration Grant Project
 Revised Budget

BUDGET

Program Expenses	Initially Proposed	Initially Awarded	Requested Revision	Requested Revisions 2/13/09
PA Clinical Rotation Preceptor Program	60,000	60,000	50,050	66,420
Laboratory/ Diagnostic Testing	45,000	45,000	21,662	21,662
Glucose Testing Machines, Test Strips, Teaching Supplies	25,000	5,000	5,000	0
Stipends: Registered Dietitian/Nutritionist	30,000	19,287	27,759	24,078
Case Management/Supportive Counseling	40,000	45,000	69,816	62,127
Total	200,000	174,287	174,287	174,287

Community Hope Projects, Inc.
 dba Hope Family Health Center
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Program Expenses	Initially Proposed	Initially Awarded	Requested Revision
PA Clinical Rotation Preceptor Program	60,000	60,000	50,050
Laboratory/ Diagnostic Testing	45,000	45,000	21,662
Glucose Testing Machines, Test Strips, Teaching Supplies	25,000	5,000	5,000
Stipends: Registered Dietitian/Nutritionist	30,000	19,287	27,759
Case Management/Supportive Counseling	40,000	45,000	69,816
Total	200,000	174,287	174,287