

DATE: August 10, 2009

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 9-1293-441-00-340-006-0 OPHP 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
9-1293-441-00-340-006-0-113	Salaries - F/T Employees	\$ 88,039.00
9-1293-441-00-340-006-0-211	Health Insurance	\$ 11,399.86
9-1293-441-00-340-006-0-212	Life Insurance	\$ 100.00
9-1293-441-00-340-006-0-220	FICA	\$ 6,734.98
9-1293-441-00-340-006-0-230	Retirement	\$ 7,853.08
9-1293-441-00-340-006-0-250	Unemployment Compensation	\$ 440.20
9-1293-441-00-340-006-0-260	Worker's Compensation	\$ 2,878.88
9-1293-441-00-340-006-0-601	Office Supplies	\$ 1,000.00
9-1293-441-00-340-006-0-603	Educational Supplies	\$ 3,489.00
9-1293-441-00-340-006-0-581	Travel In County	\$ 589.00
9-1293-441-00-340-006-0-583	Travel Out Of County	\$ 3,900.00
9-1293-334-10-340-006-0-000	RLSS - OPHP Revenue	\$ 126,424. ⁰⁰
	TOTAL BUDGET	\$ 126,424.00

INCREASE REQUEST \$

Revenue Account #

REASON: Implement FY10 RLSS-LPHP(OPHP) Contract Budget for the period 9/1/2009 to 08/31/2010.

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

