

Executive Office of the President Office of National Drug Control Policy		AWARD Grant	Page 1 of 1
1. Recipient Name and Address Mr. Juan Salinas Hidalgo County Auditor's Office P O BOX 5719 McAllen, TX 78502		4. Award Number: I8PSSP573Z	
		5. Project Period: 01/01/2008 to 12/31/2009 Budget Period: 01/01/2008 to 12/31/2009	
1A. Recipient IRS/Vendor No. 1746000717A4	6. Date: 10/06/2009	7. Action	
2. Subrecipient Name and Address	8. Supplement Number 1	<input type="checkbox"/> Initial	
		<input checked="" type="checkbox"/> Supplemental	
2A. Subrecipient IRS/Vendor No.	9. Previous Award Amount	\$697,314.00	
3. Project Title McAllen Initiative Initiative(s)	10. Amount of This Award	\$70,908.00	
	11. Total Award	\$768,222.00	
12. Special Conditions The above grant is approved subject to such conditions or limitations as are set forth in the original Grant.			
13. Statutory Authority for Grant: Public Law 110-161			
AGENCY APPROVAL		RECIPIENT ACCEPTANCE	
14. Typed Name and Title of Approving ONDCP Official Michael K. Gottlieb Acting Assistant Deputy Director Office of National Drug Control Policy		15. Typed Name and Title of Authorized Recipient Official Mr. Juan Salinas Hidalgo County Auditor's Office	
16. Signature of Approving ONDCP Official <i>Michael K. Gottlieb</i>		17. Signature of Authorized Recipient Date	
Agency Use Only			
18. Accounting Classification Code DUNS: 103110834 EIN: 1746000717A4		19. HIDTA AWARD OND10B3SE0809 OND2000000 OC 4100	



EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF NATIONAL DRUG CONTROL POLICY
Washington, D.C. 20503

October 06, 2009

Mr. Juan Salinas
Hidalgo County Auditor's Office
P O BOX 5719
McAllen, TX 78502

Dear Mr. Salinas:

Grant number I8PSSP573Z has been increased and now totals \$768,222.00.

The original and one copy of Modification 1 are enclosed. If you accept this modification, sign and keep the original for your file, and return a copy with an original signature to the following address:

National HIDTA Assistance Center
Attn: Finance Unit
11200 NW 20TH ST, STE 100
Miami, FL 33172
(305) 715-7600

All terms and conditions of the original award apply to the Modification. If you have any questions pertaining to this grant award, please feel free to contact Phuong DeSear at (202) 395-6739.

Sincerely,

A handwritten signature in black ink that reads "Michael K. Gottlieb".

Michael K. Gottlieb
Acting Assistant Deputy Director
Office of State, Local and Tribal Affairs

DATE: OCTOBER 26, 2009
 DEPARTMENT HEAD: DORA L. MUNOZ
 DEPARTMENT NAME: H.I.D.T.A. TASK FORCE
 ACCOUNT NUMBER: EXPENDITURE - 1291-412-00-270-003-8-XXX
 REVENUE - 1291-331-00-270-003-8-000
 SUBJECT: MODIFICATION 1



HONORABLE COMMISSIONER'S COURT OF HIDALGO COUNTY:

I WOULD LIKE TO REQUEST THE FOLLOWING AMENDMENTS (INCREASES) TO MY DEPARTMENTAL BUDGET IN ACCORDANCE WITH V.A.C.S., PURSUANT TO ARTICLE 689A-11, 1666A, 1666B:

INCREASE OBJECT NUMBER (S)	ACCOUNT (OBJECT) NAME	INCREASE (DECREASE)
9-1291-412-00-270-003- 8- 748	OTHER EQUIPMENT	70,908.00
TOTAL APPROPRIATIONS		<u>\$70,908.00</u>
9-1291-331-00-270-003- 8 000	HIDTA TASK FORCE 2008 GRANT	70,908.00
TOTAL ESTIMATED REVENUES		<u>70,908.00</u>

TO APPROPRIATE THE HIDALGO COUNTY HIDTA 2008 GRANT NUMBER I8PSSP573Z MODIFICATION 1 IN THE AMOUNT OF \$70,908.00

There are no areas in my current budget to reduce in order to fund the above mentioned item(s).

 APPROVED BY
 COMMISSIONER'S
 COURT

 DATE

Dora L. Munoz
 DEPARTMENT HEAD SIGNATURE

 ATTEST BY COUNTY CLERK