DATE: July 14, 2010

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 0-1293-441-10-340-028-2 Office of Border Health-EWIDS Contract

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 -
0-1293-441-10-340-028-2-113	Regular F/T Employees	$ 112,199.00
0-1293-441-10-340-028-2-211	Health Insurance	$ 12,492.00
0-1293-441-10-340-028-2-212	Life Insurance	$ 99.00
0-1293-441-10-340-028-2-220	FICA	$ 8,583.94
0-1293-441-10-340-028-2-230	Retirement	$ 10,008.15
0-1293-441-10-340-028-2-250	Unemployment Comp	$ 561.00
0-1293-441-10-340-028-2-260	Workers Comp	$ 3,668.91
0-1293-441-10-340-028-2-583	Travel Out of County	$ 1,928.00
0-1293-441-10-340-028-2-584	Registration Fees	$ 300.00
0-1293-441-10-340-028-2-601	Office & Computer Supplies	$ 160.00
	TOTAL BUDGET	$ 150,000.00

INCREASE REQUEST $

Revenue Account # 0-1293-334-10-340-028-2-000 $ 150,000.00

REASON: Implement Office of Border Health-EWIDS Budget for the period 8/1/2010 - 7/31/2012.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK