DATE: July 21, 2010

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 0-1293-441-00-340-006-1 RLSS-LPHS 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 -
0-1293-441-00-340-006-1-113	Regular F/T Employees	$ 88,030.00
0-1293-441-00-340-006-1-211	Health Insurance	$ 100.00
0-1293-441-00-340-006-1-212	Life Insurance	$ 11,312.70
0-1293-441-00-340-006-1-220	FICA	$ 6,734.30
0-1293-441-00-340-006-1-230	Retirement	$ 7,852.28
0-1293-441-00-340-006-1-250	Unemployment Compensation	$ 440.15
0-1293-441-00-340-006-1-260	Workers Compensation	$ 2,878.57
0-1293-441-00-340-006-1-601	Office and Computer Supplies	$ 4,538.00
0-1293-441-00-340-006-1-603	Educational/Instructional Supplies	$ 4,538.00
0-1293334-10-340-006-1-000	RLSS-DPHP Revenues	$ 126,424.00
	TOTAL BUDGET	$ 126,424.00

INCREASE REQUEST $

Revenue Account #

REASON: Implement RLSS-Local Public Health System Contract for the period 9/1/2010 - 8/31/2011.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK