DATE: July 28, 2010

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 0-1293-441-00-340-008-1 TB Control-State 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 -
0-1293-441-00-340-008-1-113	Regular F/T Employees	$ 278,844.00
0-1293-441-00-340-008-1-211	Health Insurance	$ 18,572.00
0-1293-441-00-340-008-1-212	Life Insurance	$ 220.00
0-1293-441-00-340-008-1-220	FICA	$ 21,332.00
0-1293-441-00-340-008-1-230	Retirement	$ 24,873.00
0-1293-441-00-340-008-1-250	Unemployment Compensation	$ 1,394.00
0-1293-441-00-340-008-1-260	Workers Compensation	$ 9,118.00
0-1293-441-00-340-008-1-581	Travel In County	$ 1,650.00
0-1293-441-00-340-008-1-583	Travel Out of County	$ 1,200.00
0-1293-441-00-340-008-1-540	Advertising	$ 5,000.00
0-1293-441-00-340-008-1-550	Printing & binding	$ 5,000.00
0-1293-441-00-340-008-1-560	Microfilm & Film Development	$ 29,400.00
0-1293-441-00-340-008-1-601	Office and Computer Supplies	$ 3,759.00
0-1293-441-00-340-008-1-603	Educational/Instructional Supplies	$ 5,677.00
	TOTAL BUDGET	$ 406,039.00

INCREASE REQUEST $

Revenue Account # 0-1293-334-10-340-008-1-000

REASON: Implement TB Prevention and Control - State Contract for the period 9/1/2010 to 8/31/2011.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK