**DATE: August 6, 2010**

**DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer**

**DEPARTMENT NAME: Hidalgo County Health Department**

**ACCOUNT NUMBER: 0-1293-441-00-340-012-1 Imm 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 - |
|---|---|---|
| 0-1293-441-00-340-012-1-113 | Regular F/T Employees | $ 480,180.00 |
| 0-1293-441-00-340-012-1-211 | Health Insurance | $ 56,547.12 |
| 0-1293-441-00-340-012-1-212 | Life Insurance | $ 403.26 |
| 0-1293-441-00-340-012-1-220 | FICA | $ 36,733.77 |
| 0-1293-441-00-340-012-1-230 | Retirement | $ 42,832.06 |
| 0-1293-441-00-340-012-1-250 | Unemployment Compensation | $ 2,400.90 |
| 0-1293-441-00-340-012-1-260 | Workers Compensation | $ 15,701.89 |
| 0-1293-441-00-340-012-1-601 | Office and Computer Supplies | $ 7,261.00 |
| 0-1293-441-00-340-012-1-604 | Medical & Lab Supplies | $ 7,260.00 |
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| | **TOTAL BUDGET** | $ 649,320.00 |

**INCREASE REQUEST $**

Revenue Account # 0-1293-334-10-340-012-1-000

REASON: Implement FY 2011 Immunization Contract for the period 9/1/2010 to 8/31/2011.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK