DATE: August 18, 2010

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health Department

ACCOUNT NUMBER: 0-1293-441-00-340-018-1 Prenatal Services 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 -
0-1293-441-00-340-018-1-113	Regular Full-Time Employees	$ 131,043.00
0-1293-441-00-340-018-1-211	Health Insurance	$ 11,000.00
0-1293-441-00-340-018-1-212	Life Insurance	$ 327.00
0-1293-441-00-340-018-1-220	FICA	$ 9,500.00
0-1293-441-00-340-018-1-230	Retirement	$ 12,384.00
0-1293-441-00-340-018-1-250	Unemployment Compensation	$ 1,655.00
	TOTAL BUDGET	$ 165,909.00

INCREASE REQUEST $

Revenue Account # 0-1293-334-10-340-018-1-000

REASON: Implement FY2011 Prenatal Services Budget for the period 9/1/2010 to 8/31/2011.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT DATE ATTEST CO. CLERK