

**DEPARTMENT OF STATE HEALTH SERVICES**

**DSHS PROGRAM:** RLSS-LOCAL PUBLIC HEALTH SYSTEM  
**CONTRACTOR:** HIDALGO COUNTY  
**CONTRACT TERM:** 09/01/2010 **THRU** 08/31/2011  
**DSHS DOCUMENT NO.:** 2011-035550-001

**CONTRACT BUDGET/REVISED BUDGET**

<b>FINANCIAL ASSISTANCE</b>			
<b>Object Class Categories</b>	<b>Current Approved Budget</b>	<b>Change Requested</b>	<b>New or Revised Budget</b>
a. Personnel	\$ 88,030.00	- \$ 1,500.00	\$ 86,530.00
b. Fringe Benefits ( %)	\$ 29,318.00	-\$ 1,600.00	\$ 27,718.00
c. Travel	\$ .00	\$ .00	\$ .00
d. Equipment (attach list)	\$ .00	+\$ 3,100.00	\$ 3,100.00
e. Supplies	\$ 9,076.00	\$ .00	\$ 9,076.00
f. Contractual	\$ .00	\$ .00	\$ .00
g. Other	\$ .00	\$ .00	\$ .00
<b>h. TOTAL DIRECT</b>	<b>\$126,424.00</b>	<b>\$ .00</b>	<b>\$126,424.00</b>
i. Indirect Cost	\$ .00	\$ .00	\$ .00
<b>j. TOTAL</b>	<b>\$126,424.00</b>	<b>\$ .00</b>	<b>\$126,424.00</b>
<b>k. DSHS Share</b>	<b>\$126,424.00</b>	<b>\$ .00</b>	<b>\$126,424.00</b>
<b>l. Contractor Share</b>			
m. Program Income			
<b>Detail on Indirect Charges:</b>		<b>Type of Rate:</b>	
<b>Rate:</b> _____ %	<b>Base:</b> \$ _____	<b>Total:</b> _____	
<b>Budget Justification:</b>			
<p>The purpose of this Budget Revision is to comply with TDSHS's policy regarding obtaining prior approval to purchase any equipment Item. Also, moving available monies between Budget Categories will provide a more accurate representation of the RLSS-LOCAL Public Health System grant costs. The available monies in the Personnel &amp; Fringes categories are a result of a projected cost of living salary increase that did not materialize and a lower than anticipated fringe benefit rate. The request for equipment is to purchase three computers that are needed for staff currently working within the scope of the RLSS-LOCAL grant.</p>			