**DATE:** July 26, 2011

**DEPARTMENT HEAD:** Sergio Cruz, Budget Officer

**DEPARTMENT NAME:** DBM for Child Advocacy Center

**ACCOUNT NUMBER:** 1-1100-444-20-125-019-0-843

**Contact Person:** Ivan Cantu Ph#: (956) 292-7025 ext. 5425

# 2011
**Appropriation**

THE COUNTY OF HIDALGO TEXAS

**SUBJECT:** **Budget Amendments** (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

| INCREASE ACCOUNT NUMBER(S) | ACCOUNT (OBJECT) NAME | | AMOUNT |
|---|---|---|---|
| 1-1100-444-20-125-019-0- 843 | Child Advocacy Center- | Aid to Nongovt Agency | 50,000.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | TOTAL BUDGET INCREASE (DECREASE) | 50,000.00 |

**REASON:** To fund request for funding for the Children's Advocacy Center d/b/a Estrella's House. **Note: Monies are to be unreserved by Auditor's office from acct #1-1100-250-10-000-002-0-000 "Reserved F/B-Economic Development".**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

__/__/__
DATE

ATTEST COUNTY CLERK