

DATE: 4/14/2015
DEPARTMENT HEAD: NORMA LONGORIA
DEPARTMENT NAME: WIC Lactation Support Center Services-Strategic Expansion Program
ACCOUNT NUMBER: 5.1292.441.00.350.018.5.XXX

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 (increases) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBERS	ACCOUNT (OBJECT) NAME	AMOUNT
5.1292.441.00.350.018.5.113	Salaries	63,000.00
5.1292.441.00.350.018.5.211	Health Insurance	8,558.00
5.1292.441.00.350.018.5.212	Life Insurance	56.00
5.1292.441.00.350.018.5.220	FICA	4,953.00
5.1292.441.00.350.018.5.230	Retirement	6,883.00
5.1292.441.00.350.018.5.250	Unemployment	378.00
5.1292.441.00.350.018.5.260	Wokers comp.	592.00
5.1292.441.00.350.018.5.310	Indirect Cost	6,386.00
5.1292.441.00.350.018.5.581	In County Travel	460.00
5.1292.441.00.350.018.5.583	Out of County Travel	7,200.00
5.1292.441.00.350.018.5.584	Registration Fees	1,888.00
5.1292.441.00.350.018.5.540	Advertising	16,121.00
5.1292.441.00.350.018.5.441	Land & Bldg Rentals	18,000.00
5.1292.441.00.350.018.5.610	General Supplies	60,107.00
5.1292.441.00.350.018.5.640	Reference Material	418.00
	Total Program Expenditures	195,000.00
5.1292.334.10.350.018.5.XXX	WIC Lactation Program Revenue	195,000.00
	Total Program Revenues	195,000.00

REASON: Appropriate grant award for the full grant cycle 4/1/15 thru 8/31/16.

