

DATE: September 01, 2015

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 5-1293-441-00-340-008-6-XXX T. B. Control

**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 -
Personnel		
5-1293-441-00-340-008-6-113	T.B. Control - Reg F/T Employees	\$ 534,471.00
Fringes		
5-1293-441-00-340-008-6-211	T.B. Control - Health Insurance	\$ 82,022.00
5-1293-441-00-340-008-6-212	T.B. Control - Life Insurance	\$ 501.00
5-1293-441-00-340-008-6-220	T.B. Control - FICA	\$ 40,888.00
5-1293-441-00-340-008-6-230	T.B. Control - Retirement	\$ 60,288.00
5-1293-441-00-340-008-6-250	T.B. Control - Unemployment Comp	\$ 3,046.00
5-1293-441-00-340-008-6-260	T.B. Control - Workers Comp	\$ 5,023.00
Travel		
Supplies		
5-1293-441-00-340-008-6-610	T.B. Control - General Supplies	\$ 434.00
TOTAL APPROPRIATION		\$ 726,673.00
5-1293-334-10-340-008-6-000	T.B. Control - Revenue	\$ 605,561.00
5-1293-391-01-000-100-6-000	Transfers In - General Fund (DO NOT POST)	\$ 121,112.00
5-1100-491-01-000-293-6-891	Transfers Out - Health Grants (DO NOT POST)	\$ 121,112.00
TOTAL APPROPRIATION		\$ 726,673.00

REASON: To appropriate the T.B. Control grant award for FY 16.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

DATE: September 1, 2015

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 5-1293-441-00-340-008-6-XXX T.B. Control (State) Program Income

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
Personnel		
5-1293-441-00-340-008-6-113	T.B. Control - Reg F/T Employees	\$ 2,439.00
Fringes		
5-1293-441-00-340-008-6-211	T.B. Control - Health Insurance	\$ 473.00
5-1293-441-00-340-008-6-212	T.B. Control - Life Insurance	\$ 3.00
5-1293-441-00-340-008-6-220	T.B. Control - FICA	\$ 187.00
5-1293-441-00-340-008-6-230	T.B. Control - Retirement	\$ 275.00
5-1293-441-00-340-008-6-250	T.B. Control - Unemployment Comp	\$ 14.00
5-1293-441-00-340-008-6-260	T.B. Control - Workers Comp	\$ 23.00
Travel		
5-1293-441-00-340-008-6-581	T.B. Control - Travel In County	\$ 750.00
5-1293-441-00-340-008-6-583	T.B. Control - Travel Out of County	\$ 3,000.00
Supplies		
5-1293-441-00-340-008-6-610	T.B. Control - General Supplies	\$ 11,836.00
5-1293-441-00-340-008-6-660	T.B. Control - Furnishings & Equipment	\$ 3,000.00
Other		
5-1293-441-00-340-008-6-339	T.B. Control - Other Professional Services	\$ 1,000.00
5-1293-441-00-340-008-6-550	T.B. Control - Printing & Binding	\$ 2,000.00
5-1293-441-00-340-008-6-584	T.B. Control - Registration	\$ 2,000.00
TOTAL APPROPRIATION		\$ 27,000.00
5-1293-345-40-340-008-6-000	T.B. Control - Program Income Revenue	\$ 27,000.00
TOTAL APPROPRIATION		\$ 27,000.00

REASON: To appropriate the program income funds for the T.B. Control program for FY 16.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK