

DATE: March 22, 2016

**2015**  
Appropriation



DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Department of Budget & Management for Prenatal/Maternity (Health Grant)

ACCOUNT NUMBER: 5-1293-XXX-X0-340-052-5-XXX

Contact Person: Debbie Tamez Ph#: (956) 292-7025 Ext. 5427

**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
5-1293-441-00-340-052-5-113	Prenatal/Maternity- Reg F/T Employees	174.70
5-1293-345-40-340-052-5-000	Prenatal/Maternity- Program Income	174.70
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>\$ 174.70</b>

REASON: To appropriate the program income generated during the grant period.

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DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
APPROVED COMMISSIONERS' COURT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTEST COUNTY CLERK