

DATE: September 01, 2016

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 6-1293-441-10-340-008-6-XXX T. B. Control (State)

**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		
6-1293-441-10-340-008-6-113	T.B. Control - Reg F/T Employees	\$ 532,731.00
Fringes		
6-1293-441-10-340-008-6-211	T.B. Control - Health Insurance	\$ 84,726.00
6-1293-441-10-340-008-6-212	T.B. Control - Life Insurance	\$ 502.00
6-1293-441-10-340-008-6-220	T.B. Control - FICA	\$ 40,755.00
6-1293-441-10-340-008-6-230	T.B. Control - Retirement	\$ 59,935.00
6-1293-441-10-340-008-6-250	T.B. Control - Unemployment Comp	\$ 2,667.00
6-1293-441-10-340-008-6-260	T.B. Control - Workers Comp	\$ 5,010.00
Travel		
Supplies		
6-1293-441-10-340-008-6-610	T.B. Control - General Supplies	\$ 347.00
TOTAL APPROPRIATION		\$ 726,673.00
6-1293-334-10-340-008-6-000	T.B. Control - Revenue	\$ 605,561.00
6-1293-391-01-000-100-7-000	Transfers In - General Fund (DO NOT POST)	\$ 121,112.00
6-1100-491-01-000-293-7-891	Transfers Out - Health Grants (DO NOT POST)	\$ 121,112.00
TOTAL APPROPRIATION		\$ 726,673.00

**REASON: To appropriate the T.B. Control grant award allocation for the period of
09/01/2016 through 08/31/2017. (Includes the Local Match for the same period)**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

DATE: September 1, 2016

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 6-1293-441-10-340-008-6-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		
6-1293-441-10-340-008-6-113	T.B. Control - Reg F/T Employees	\$ 6,440.00
Fringes		
6-1293-441-10-340-008-6-211	T.B. Control - Health Insurance	\$ 1,296.00
6-1293-441-10-340-008-6-212	T.B. Control - Life Insurance	\$ 8.00
6-1293-441-10-340-008-6-220	T.B. Control - FICA	\$ 493.00
6-1293-441-10-340-008-6-230	T.B. Control - Retirement	\$ 725.00
6-1293-441-10-340-008-6-250	T.B. Control - Unemployment Comp	\$ 33.00
6-1293-441-10-340-008-6-260	T.B. Control - Workers Comp	\$ 61.00
Travel		
6-1293-441-10-340-008-6-581	T.B. Control - Travel In County	\$ 500.00
6-1293-441-10-340-008-6-583	T.B. Control - Travel Out of County	\$ 1,000.00
Supplies		
6-1293-441-10-340-008-6-610	T.B. Control - General Supplies	\$ 7,444.00
Other		
6-1293-441-10-340-008-6-339	T.B. Control - Other Professional Services	\$ 500.00
6-1293-441-10-340-008-6-550	T.B. Control - Printing & Binding	\$ 1,000.00
6-1293-441-10-340-008-6-584	T.B. Control - Registration	\$ 500.00
TOTAL APPROPRIATION		\$ 20,000.00
6-1293-345-40-340-008-6-000	T.B. Control - Program Income Revenue	\$ 20,000.00
TOTAL APPROPRIATION		\$ 20,000.00

**REASON: To appropriate the projected program income funds for the T.B. Control program period of
09/01/2016 through 08/31/2017.**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK