

DATE: September 01, 2016

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 6-1293-441-10-340-012-6-XXX Immunization Branch - Locals

**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		
6-1293-441-10-340-012-6-113	IMM DIV Local - Reg F/T Employees	\$ 470,970.00
Fringes		
6-1293-441-10-340-012-6-211	IMM DIV Local - Health Insurance	\$ 81,263.00
6-1293-441-10-340-012-6-212	IMM DIV Local - Life Insurance	\$ 495.00
6-1293-441-10-340-012-6-220	IMM DIV Local - FICA	\$ 36,030.00
6-1293-441-10-340-012-6-230	IMM DIV Local - Retirement	\$ 52,985.00
6-1293-441-10-340-012-6-250	IMM DIV Local - Unemployment Comp	\$ 2,826.00
6-1293-441-10-340-012-6-260	IMM DIV Local - Workers Comp	\$ 4,428.00
Equipment		
		\$ -
Supplies		
6-1293-441-10-340-012-6-610	IMM DIV Local - General Supplies	\$ 323.00
Other		
6-1293-441-10-340-012-6-540	IMM DIV Local - Advertising	\$ 20,000.00
6-1293-441-10-340-012-6-550	IMM DIV Local - Printing & Binding	\$ 5,000.00
	TOTAL APPROPRIATION	\$ 674,320.00
6-1293-331-12-340-012-6-000	IMM DIV Local - Revenue	\$ 674,320.00
	TOTAL APPROPRIATION	\$ 674,320.00

REASON: To appropriate the Immunization Branch - Locals FY 17 grant award allocation for the period of 09/01/2016 through 08/31/2017.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

DATE: September 01, 2016

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 6-1293-441-10-340-012-6-XXX Immunization 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		
6-1293-441-10-340-012-6-113	IMM DIV Local - Reg F/T Employees	\$ 35,000.00
Fringes		
6-1293-441-10-340-012-6-211	IMM DIV Local - Health Insurance	\$ 5,059.00
6-1293-441-10-340-012-6-212	IMM DIV Local - Life Insurance	\$ 31.00
6-1293-441-10-340-012-6-220	IMM DIV Local - FICA	\$ 2,678.00
6-1293-441-10-340-012-6-230	IMM DIV Local - Retirement	\$ 3,938.00
6-1293-441-10-340-012-6-250	IMM DIV Local - Unemployment Comp	\$ 210.00
6-1293-441-10-340-012-6-260	IMM DIV Local - Workers Comp	\$ 329.00
Travel		
6-1293-441-10-340-012-6-581	IMM DIV Local - Travel - In-County	\$ 3,000.00
6-1293-441-10-340-012-6-583	IMM DIV Local - Travel Out-of-County	\$ 3,000.00
Supplies		
6-1293-441-10-340-012-6-610	IMM DIV Local - General Supplies	\$ 15,755.00
6-1293-441-10-340-012-6-660	IMM DIV Local - Furnishings & Equipment	\$ 5,000.00
Other		
6-1293-441-10-340-012-6-540	IMM DIV Local - Advertising	\$ 16,000.00
6-1293-441-10-340-012-6-584	IMM DIV Local - Registration	\$ 5,000.00
6-1293-441-10-340-012-6-550	IMM DIV Local - Printing & Binding	\$ 5,000.00
TOTAL APPROPRIATION		\$ 100,000.00
6-1293-345-40-340-012-6-000	IMM DIV Local - Program Income Revenue	\$ 100,000.00
TOTAL APPROPRIATION		\$ 100,000.00

**REASON: To appropriate the program income funds projected for the Immunization Branch - Locals program
FY 17 grant period of 09/01/2016 through 08/31/2017.**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK