

DATE: August 9, 2016

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Department of Budget & Management for HEALTH GRANTS

ACCOUNT NUMBER: 6-1XXX-X91-01-000-XXX-X-XXX

CONTACT PERSON: Patricia Ramos PHONE: (956) 292-7025 ext. 5416

SUBJECT: Interfund & BA - Transfer/s (transfer in/out) (increase/decrease) in Accordance with Local Government Code Chapter 111, Subchapter C.

2016 Interfund Transfer

AI-55636



Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (increases) to my departmental budget in accordance with Local Government Code, Chapter 111 Subchapter C.

| INCREASE/DECREASE ACCOUNT NUMBER | ACCOUNT (OBJECT) NAME | AMOUNT |
|---|------------------------------|--------------|
| FROM: | | |
| 6-1293-391-01-000-100-7- 000 | TRANSFERS IN- GENERAL FUND | (121,112.00) |
| 6-1100-491-01-000-293-7- 891 | TRANSFERS OUT- HEALTH GRANTS | (121,112.00) |
| TO: | | |
| 6-1293-391-01-000-100-6- 000 | TRANSFERS IN- GENERAL FUND | 121,112.00 |
| 6-1100-491-01-000-293-6- 891 | TRANSFERS OUT- HEALTH GRANTS | 121,112.00 |
| TOTAL BUDGET INCREASE (DECREASE) | | - |

REASON: Interfund transfer needed due to DSHS amending our current FY 16 TB (State) grant contract and adding the FY 17 award allocation to it instead of issuing a new FY 17 TB (State) grant contract.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK