

DATE: 8/31/2016
 DEPARTMENT HEAD: Clarissa Ramirez
 DEPARTMENT NAME: WIC Lactation Support Center Services-Strategic Expansion Program
 ACCOUNT NUMBER: 6.1292.441.10.350.018.5.XXX

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 (increases) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBERS	ACCOUNT (OBJECT) NAME	AMOUNT
6.1292.441.10.350.018.5.113	Salaries	50,000.00
6.1292.441.10.350.018.5.211	Health Insurance	6,300.00
6.1292.441.10.350.018.5.212	Life Insurance	451.00
6.1292.441.10.350.018.5.220	FICA	3,825.00
6.1292.441.10.350.018.5.230	Retirement	5,735.00
6.1292.441.10.350.018.5.250	Unemployment	300.00
6.1292.441.10.350.018.5.260	Workers Comp.	470.00
6.1292.441.10.350.018.5.310	Indirect Cost	4,931.00
6.1292.441.10.350.018.5.583	Out of County Travel	6,154.00
6.1292.441.10.350.018.5.584	Registration Fees	1,200.00
6.1292.441.10.350.018.5.610	General Supplies	49,791.00
6.1292.441.10.350.018.5.640	Reference Material	843.00
5.1292.334.10.350.018.5.000	WIC Lactation Supp Center Revenues	130,000.00
TOTAL FUND BALANCE IMPACT		130,000.00

REASON: Appropriate grant award for the full grant cycle 09/01/16 thru 08/31/17.
