

**DATE: September 13, 2016**

**DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer**

**DEPARTMENT NAME: Hidalgo County Health & Human Services Department**

**ACCOUNT NUMBER: 6-1293-441-10-340-051-6-XXX Child Health**

**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.

<b>INCREASE OBJECT NUMBER(S)</b>	<b>ACCOUNT (OBJECT) NAME</b>	<b>AMOUNT -</b>
<b>Personnel</b>		
6-1293-441-10-340-051-6-113	Child Health - Reg F/T Employees	\$ 19,373.00
<b>Fringes</b>		
6-1293-441-10-340-051-6-211	Child Health - Health Insurance	\$ 5,256.00
6-1293-441-10-340-051-6-212	Child Health - Life Insurance	\$ 35.00
6-1293-441-10-340-051-6-220	Child Health - FICA	\$ 1,500.00
6-1293-441-10-340-051-6-230	Child Health - Retirement	\$ 2,200.00
6-1293-441-10-340-051-6-250	Child Health - Unemployment Comp	\$ 120.00
6-1293-441-10-340-051-6-260	Child Health - Workers Comp	\$ 200.00
<b>Travel</b>		
<b>Other</b>		
6-1293-441-10-340-051-6-339	Child Health - Other Professional Services	\$ 1,851.00
<b>TOTAL APPROPRIATION</b>		\$ 30,535.00
6-1293-331-12-340-051-6-000	Child Health - Grant Revenue	\$ 30,535.00
<b>TOTAL APPROPRIATION</b>		\$ 30,535.00

**REASON: To appropriate the Child Health program allocation for FY 17**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S C

DATE

ATTEST CO. CLERK