

DATE: October 27, 2016

**2016**  
Appropriation  
AI-



DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services Department

ACCOUNT NUMBER: 6-1293-XXX-00-340-052-6-XXX

Contact Person: Mike Escaname Ph# (956) 292-7000 ext. 7210

**SUBJECT:** Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

| INCREASE ACCOUNT NUMBER(S)              | ACCOUNT (OBJECT) NAME                        | AMOUNT          |
|---|--|-----------------|
| 6-1293-441-00-340-052-6-113             | PRENATAL / MATERNITY-REG F/T EMPLOYEES       | 437.05          |
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| 6-1293-345-40-340-052-6-000             | PRENATAL / MATERNITY PROGRAM INCOME REVENUES | 437.05          |
|   |  |                 |
|   |  |                 |
| <b>TOTAL BUDGET INCREASE (DECREASE)</b> |  | <b>\$437.05</b> |

REASON: To appropriate the program income generated during the grant period.

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DEPARTMENT HEAD SIGNATURE

\_\_\_\_\_  
APPROVED COMMISSIONERS' COURT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ATTEST COUNTY CLERK