

DATE: February 15, 2017

DEPARTMENT HEAD: Ricardo Rodriguez, Jr., District Attorney

DEPARTMENT NAME: District Attorney's Office -TTBH

ACCOUNT NUMBER: 7-1281-441-00-080-019-7-XXX

Contact Person: Sylvia Solis Ph#: (956) 292-7604 ext. 8084

**2017**  
Appropriation



**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           |
|---|-------------------------------|------------------|
| 7-1281-441-00-080-019-7-117             | DA - TTBH - SUPPLEMENTAL PAY  | 11,812.73        |
| 7-1281-441-00-080-019-7-220             | DA - TTBH - HEALTH INS        | 824.93           |
| 7-1281-441-00-080-019-7-230             | DA - TTBH - LIFE INS          | 5.70             |
| 7-1281-441-00-080-019-7-220             | DA - TTBH - FICA              | 909.14           |
| 7-1281-441-00-080-019-7-230             | DA - TTBH - RETIREMENT        | 1,363.12         |
| 7-1281-441-00-080-019-7-250             | DA - TTBH - UNEMPLOYMENT COMP | 71.31            |
| 7-1281-441-00-080-019-7-260             | DA - TTBH - WORKERS' COMP     | 13.07            |
|   |                               |                  |
| 7-1281-331-12-080-019-7-000             | CRIMINAL DA - TTBH REVENUES   | 15,000.00        |
|   |                               |                  |
| <b>TOTAL BUDGET INCREASE (DECREASE)</b> |                               | <b>15,000.00</b> |

REASON: Appropriation of funds in the amount of \$15,000.00 to fund supplemental pay and related fringe benefit expenditures for services performed under the agreement between Texas Tropical Behavioral Health and Hidalgo County by and through the Criminal District Attorney's Office.

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DEPARTMENT HEAD SIGNATURE

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

\_\_\_\_\_  
DATE

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