

DATE: 2/23/2017
DEPARTMENT HEAD: Clarissa Ramirez
DEPARTMENT NAME: WIC Lactation Support Center Services-Strategic Expansion Program
ACCOUNT NUMBER: 7.1292.441.11.350.018.5.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
7.1292.441.11.350.018.5.113	Salaries	50,000.00
7.1262.441.11.350.018.5.115	Longevity	302.00
7.1292.441.11.350.018.5.211	Health Insurance	6,324.00
7.1292.441.11.350.018.5.212	Life Insurance	44.00
7.1292.441.11.350.018.5.220	FICA	3,825.00
7.1292.441.11.350.018.5.230	Retirement	5,735.00
7.1292.441.11.350.018.5.250	Unemployment	300.00
7.1292.441.11.350.018.5.260	Workers Comp.	470.00
7.1292.441.11.350.018.5.310	Official/Admin Srv	4,931.00
7.1292.441.11.350.018.5.583	Out of County Travel	6,154.00
7.1292.441.11.350.018.5.584	Registration Fees	1,200.00
7.1292.441.11.350.018.5.610	General Supplies	49,872.00
7.1292.441.11.350.018.5.640	Reference Material	843.00
7.1292.334.11.350.018.5.000	WIC Lactation Supp Center Revenues	130,000.00
TOTAL FUND BALANCE IMPACT		130,000.00

REASON: Appropriate grant award for the full grant cycle 09/01/17 thru 08/31/18.

