DATE: September 19, 2017

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 7-1293-441-10-340-051-6-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.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT -
Personnel		
7-1293-441-10-340-051-6-113	Child Health - Reg F/T Employees	$ 54.69
	TOTAL APPROPRIATION	$ 54.69
7-1293-345-40-340-051-6-000	Child Health - Program Income Revenue	$ 54.69
	TOTAL APPROPRIATION	$ 54.69

REASON: To appropriate the Child Health program income for FY 17

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S CC DATE ATTEST CO. CLERK