

DATE: October 24, 2017

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 7-1293-441-1X-340-070-7-XXX (Preventive Health & Health Services)

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		
7-1293-441-11-340-070-7-113	PHHS - Full-time Employees	\$ 23,562.00
7-1293-441-11-340-070-7-117	PHHS - Supplemental Pay	\$ 3,060.00
Fringes		
7-1293-441-11-340-070-7-211	PHHS - Health Insurance	\$ 5,175.00
7-1293-441-11-340-070-7-212	PHHS - Life Insurance	\$ 33.00
7-1293-441-11-340-070-7-220	PHHS - FICA	\$ 2,037.00
7-1293-441-11-340-070-7-230	PHHS - Retirement	\$ 3,142.00
7-1293-441-11-340-070-7-250	PHHS - Unemployment	\$ 267.00
7-1293-441-11-340-070-7-260	PHHS - Workmans Comp	\$ 267.00
Travel		
7-1293-441-11-340-070-7-581	PHHS - In-County Travel	\$ 3,065.00
7-1293-441-11-340-070-7-583	PHHS - Out-of-County Travel	\$ 1,753.00
Supplies		
7-1293-441-11-340-070-7-610	PHHS - General Supplies	\$ 39,053.00
Other		
7-1293-441-11-340-070-7-540	PHHS - Advertising	\$ 20,210.00
7-1293-441-11-340-070-7-584	PHHS - Registration Fees	\$ 649.00
TOTAL APPROPRIATION		\$ 102,273.00
7-1293-331-12-340-070-7-011	PHHS - Revenue	\$ 102,273.00
TOTAL APPROPRIATION		\$ 102,273.00

REASON: To appropriate the Preventive Health & Health Services grant award that belongs to
the PHHS for FY 18 (9 months only) (Budget Period of 12/01/17 to 08/31/2018).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

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DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 7-1293-441-1X-340-070-7-XXX (Preventive Health & Health Services)

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		
7-1293-441-12-340-070-7-113	PHHS - Full-time Employees	\$ 31,759.00
7-1293-441-12-340-070-7-117	PHHS - Supplemental Pay	\$ 4,080.00
Fringes		
7-1293-441-12-340-070-7-211	PHHS - Health Insurance	\$ 6,900.00
7-1293-441-12-340-070-7-212	PHHS - Life Insurance	\$ 44.00
7-1293-441-12-340-070-7-220	PHHS - FICA	\$ 2,742.00
7-1293-441-12-340-070-7-230	PHHS - Retirement	\$ 4,229.00
7-1293-441-12-340-070-7-250	PHHS - Unemployment	\$ 359.00
7-1293-441-12-340-070-7-260	PHHS - Workmans Comp	\$ 358.00
Travel		
7-1293-441-12-340-070-7-581	PHHS - In-County Travel	\$ 4,085.00
7-1293-441-12-340-070-7-583	PHHS - Out-of-County Travel	\$ 2,337.00
Supplies		
7-1293-441-12-340-070-7-610	PHHS - General Supplies	\$ 52,070.00
Other		
7-1293-441-12-340-070-7-540	PHHS - Advertising	\$ 26,947.00
7-1293-441-12-340-070-7-584	PHHS - Registration Fees	\$ 453.00
TOTAL APPROPRIATION		\$ 136,363.00
7-1293-331-12-340-070-7-012	PHHS - Revenue	\$ 136,363.00
TOTAL APPROPRIATION		\$ 136,363.00

REASON: To appropriate the Preventive Health & Health Services grant award that belongs to the PHHS for FY 19 (12 months) (Budget Period of 09/01/18 to 08/31/2019).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

DATE: October 24, 2017

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DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 7-1293-441-1X-340-070-7-XXX (Preventive Health & Health Services)

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		
7-1293-441-13-340-070-7-113	PHHS - Full-time Employees	\$ 2,601.00
7-1293-441-13-340-070-7-117	PHHS - Supplemental Pay	\$ 340.00
Fringes		
7-1293-441-13-340-070-7-211	PHHS - Health Insurance	\$ 575.00
7-1293-441-13-340-070-7-212	PHHS - Life Insurance	\$ 4.00
7-1293-441-13-340-070-7-220	PHHS - FICA	\$ 225.00
7-1293-441-13-340-070-7-230	PHHS - Retirement	\$ 347.00
7-1293-441-13-340-070-7-250	PHHS - Unemployment	\$ 29.00
7-1293-441-13-340-070-7-260	PHHS - Workmans Comp	\$ 29.00
Travel		
7-1293-441-13-340-070-7-581	PHHS - In-County Travel	\$ 340.00
7-1293-441-13-340-070-7-583	PHHS - Out-of-County Travel	\$ 194.00
Supplies		
7-1293-441-13-340-070-7-610	PHHS - General Supplies	\$ 4,435.00
Other		
7-1293-441-13-340-070-7-540	PHHS - Advertising	\$ 2,245.00
TOTAL APPROPRIATION		\$ 11,364.00
7-1293-331-12-340-070-7-013	PHHS - Revenue	\$ 11,364.00
TOTAL APPROPRIATION		\$ 11,364.00

REASON: To appropriate the Preventive Health & Health Services grant award that belongs to the PHHS for FY 20 (1 month only) (Budget Period of 09/01/19 to 09/30/2019).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK