

DATE: December 19, 2017

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health and Human Services Department

ACCOUNT NUMBER: 7-1293-441-00-340-074-8-XXX

Contact Person: Mike Escaname Ph#: ext. 7210

2017 Appropriation AI-63015



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
Personnel		
7-1293-441-00-340-074-8-113	ZIKA-CMM REG F/T EMPLOYEES	100,356.00
Fringes		
7-1293-441-00-340-074-8-211	ZIKA CMM HEALTH INSURANCE	17,105.00
7-1293-441-00-340-074-8-212	ZIKA CMM LIFE INSURANCE	115.50
7-1293-441-00-340-074-8-220	ZIKA CMM FICA	7,677.00
7-1293-441-00-340-074-8-230	ZIKA CMM RETIREMENT	11,511.00
7-1293-441-00-340-074-8-250	ZIKA CMM UNEMPLOYMENT COMPENSATION	1,004.00
7-1293-441-00-340-074-8-260	ZIKA CMM WORKERS COMPENSATION	1,004.00
Travel		
7-1293-441-00-340-074-8-581	ZIKA CMM TRAVEL - IN COUNTY	1,204.00
Supplies		
7-1293-441-00-340-074-8-610	ZIKA CMM GENERAL SUPPLIES	5,509.00
7-1293-441-00-340-074-8-751	ZIKA CMM MACHINERY & EQUIPMENT	5,352.00
7-1293-331-12-340-074-8-000	ZIKA CMM REVENUE	150,837.50
TOTAL BUDGET INCREASE (DECREASE)		150,837.50

REASON:

To appropriate the budget for the ZIKA CMM program to run from the date both parties have signed this contract to 06/30/2018.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK