

CSBG Budget Amendment Form

Enter the requested information into the yellow cells and sign below.

Subrecipient Information	
Date Submitted:	March 26, 2019
Subrecipient:	Hidalgo County Community Service Agency
Contract Number:	61180002861

Budget Amendment Request			
Categories	Original Budget	Change	New Budget
Personnel	\$666,513.25	-\$137,860.29	\$528,652.96
Fringe Benefits	\$398,600.00	-\$106,200.92	\$292,399.08
Travel	\$22,800.00	\$2,303.17	\$25,103.17
General Purpose Equipment	\$0.00	\$41,757.84	\$41,757.84
Supplies	\$12,750.00	\$14,441.00	\$27,191.00
Contractual	\$23,250.00	-\$3,331.59	\$19,918.41
Other	\$554,833.75	\$188,890.79	\$743,724.54
Indirect Cost			\$0.00
Total*	\$1,678,747.00	\$0.00	\$1,678,747.00

*Total Original Budget must equal Total New Budget.

Reason for Amendment Request - Does this budget amendment request impact your current Community Action Plan on file with the Department? Y or N. If Yes, please explain.

Subrecipient Approval		
	Cecilia Carrillo	
<i>Signature of Preparer</i>	<i>Printed name</i>	<i>Date</i>
	Jaime Longoria	
<i>Signature of Approver</i>	<i>Printed name</i>	<i>Date</i>

Notes and Submission Instructions
Please complete the CSBG Budget Amendment form. Print and sign the in the Subrecipient Approval Section. Scan and email to gloria.mitchell@tdhca.state.tx.us .
Questions may be directed to: Gloria Mitchell, Contract Specialist, Community Affairs Division Phone: 512.475.3899 Email: gloria.mitchell@tdhca.state.tx.us