

## CSBG Budget Amendment Form

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

Subrecipient Information	
Date Submitted:	March 27, 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	-\$106,195.43	\$292,404.57
Travel	\$22,800.00	\$2,223.32	\$25,023.32
General Purpose Equipment	\$0.00	\$41,757.84	\$41,757.84
Supplies	\$12,750.00	\$14,443.75	\$27,193.75
Contractual	\$23,250.00	-\$3,331.59	\$19,918.41
Other	\$554,833.75	\$188,962.40	\$743,796.15
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.
To align budget to end of year expenditures. The budget does not impact the current Community Action Plan.

Subrecipient Approval		
	Cecilia Carrillo	March 27, 2019
<i>Signature of Preparer</i>	<i>Printed name</i>	<i>Date</i>
	Jaime Longoria	March 27, 2019
<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