

DATE: 6/11/2019
DEPARTMENT HEAD: Clarissa Ramirez
DEPARTMENT NAME: WIC Lactation Support Center Services-Strategic Expansion Program
ACCOUNT NUMBER: 9-1292-441-00-350-018-0-XXX

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 (increases) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBERS	ACCOUNT (OBJECT) NAME	AMOUNT
8.1292.441.00.350.018.0.113	Salaries	116,880.00
8.1262.441.00.350.018.0.115	Longevity	700.00
8.1292.441.00.350.018.0.211	Health Insurance	14,784.00
8.1292.441.00.350.018.0.212	Life Insurance	88.00
8.1292.441.00.350.018.0.220	FICA	8,995.00
8.1292.441.00.350.018.0.230	Retirement	14,286.00
8.1292.441.00.350.018.0.250	Unemployment	706.00
8.1292.441.00.350.018.0.260	Workers Comp.	1,106.00
8.1292.441.00.350.018.0.310	Indirect Cost	0.00
8.1292.441.00.350.018.0.550	Printing	2,500.00
8.1292.441.00.350.018.0.581	In County Travel	1,150.00
8.1292.441.00.350.018.0.583	Out of County Travel	8,003.00
8.1292.441.00.350.018.0.584	Registration	1,488.00
8.1292.441.00.350.018.0.610	General Supplies	25,079.00
8.1292.441.00.350.018.0.660	Furnishing and Equipment	3,047.00
8.1292.441.00.350.018.0.810	Membership	1,188.00
8.1292.334.10.350.018.0.000	WIC Lactation Program Revenue	200,000.00
TOTAL FUND BALANCE IMPACT		200,000.00

REASON: Appropriate grant award for the full grant cycle 09/01/19 thru 08/31/20

