

DATE: October 22, 2019

DEPARTMENT HEAD: Sergio Cruz, Budget Officer

DEPARTMENT NAME: Department of Budget & Management for Pct4-ICA UT Health-Snap-Ed

ACCOUNT NUMBER: 9-1100-441-60-124-212-0-XXX

Contact Person: Patricia Ramos Ph#: (956) 292-7025 ext. 5416

2019
Appropriation
AI-72739



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 |
|---|-----|-------------------------------|-----------------------|-------------------|
| 9-1100-441-60-124-212-0 | 113 | Pct4-ICA UT Health-Snap-Ed- | Reg F/T Employee | 64,448.15 |
| 9-1100-441-60-124-212-0 | 211 | Pct4-ICA UT Health-Snap-Ed- | Health Insurance | 15,468.00 |
| 9-1100-441-60-124-212-0 | 212 | Pct4-ICA UT Health-Snap-Ed- | Life Insurance | 113.22 |
| 9-1100-441-60-124-212-0 | 220 | Pct4-ICA UT Health-Snap-Ed- | FICA | 4,930.29 |
| 9-1100-441-60-124-212-0 | 230 | Pct4-ICA UT Health-Snap-Ed- | Retirement | 8,109.81 |
| 9-1100-441-60-124-212-0 | 250 | Pct4-ICA UT Health-Snap-Ed- | Unemployment Comp | 386.69 |
| 9-1100-441-60-124-212-0 | 260 | Pct4-ICA UT Health-Snap-Ed- | Worker's Comp | 225.57 |
| 9-1100-441-60-124-212-0 | 532 | Pct4-ICA UT Health-Snap-Ed- | Wireless Devices | 2,664.00 |
| 9-1100-441-60-124-212-0 | 540 | Pct4-ICA UT Health-Snap-Ed- | Advertising Statutory | 2,500.00 |
| 9-1100-441-60-124-212-0 | 581 | Pct4-ICA UT Health-Snap-Ed- | Travel In County | 3,000.00 |
| 9-1100-441-60-124-212-0 | 610 | Pct4-ICA UT Health-Snap-Ed- | General Supplies | 18,154.27 |
| <i>9-1100-337-00-124-212-0-000</i> | | <i>ICA UT-Health Revenues</i> | | <i>120,000.00</i> |
| TOTAL BUDGET INCREASE (DECREASE) | | | | 120,000.00 |

REASON: To appropriate funds into the Snap-Ed Program relating to the Interlocal Cooperative Agreement with UT-Health Science. Monies subject to reimbursement as per agreement.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK