

## REQUEST FOR BUDGET CHANGE

Department of State Health Services

Contract Management Section

Contract Name	Hidalgo County
Contract Number	537-17-0287-00001
Program ID	HPCDP/OCDS
Contract Amount	\$250,000

Is there an Equipment Change?	AMD not Needed
Is there an Indirect Cost Change?	AMD not Needed
Is there a decrease in the New Contract Amount?	AMD not Needed
Is there an increase in the New Contract Amount?	AMD not Needed
Is the percentage over 25%	AMD not Needed

### Cost Reimbursement Program

Category	Total Budget (Budget Summary Page)	Dollar Change	New Total Budget (Budget Summary Page)	Categorical Percentage
Personnel	\$176,180	(\$48,046)	\$128,134	19.22%
Fringe Benefits	\$65,750	(\$6,488)	\$59,262	2.60%
Travel	\$1,576	\$3,152	\$4,728	1.26%
Equipment	\$0	\$0	\$0	0.00%
Supplies	\$5,609	\$9,738	\$15,347	3.90%
Contractual	\$0	\$0	\$0	0.00%
Other	\$885	\$41,644	\$42,529	16.66%
Indirect Cost	\$0	\$0	\$0	0.00%
<b>Total</b>	<b>\$250,000</b>	<b>\$0</b>	<b>\$250,000</b>	<b>16.66%</b>

Changes in either Equipment or Indirect Cost require an Amendment regardless of percentage