

DATE: April 17, 2020
 DEPARTMENT HEAD: Ricardo Rodriguez, Criminal District Attorney
 DEPARTMENT NAME: Hidalgo County HIDTA Task Force / Grant Funds
 ACCOUNT NUMBER: 0-1291-412-00-270-003-9-xxx (Grant 2019)
 SUBJECT: Budget Line-Item Transfers (s)

Transfer Number: 1



Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfer (s) in accordance with Local Government Code, Chapter 111, Subchapter C.:

| <i>FROM</i> | | <i>TO</i> | | |
|------------------------------|---------------------|------------------------------|---------------------|---------------------|
| <i>ACCOUNT NO.(S)</i> | <i>ACCOUNT NAME</i> | <i>ACCOUNT NO.(S)</i> | <i>ACCOUNT NAME</i> | <i>AMOUNT</i> |
| 0-1291-412-00-270-003-9- 212 | LIFE INSURANCE | 0-1291-412-00-270-003-9- 211 | HEALTH INSURANCE | 17.52 |
| 0-1291-412-00-270-003-9- 220 | FICA | 0-1291-412-00-270-003-9- 211 | HEALTH INSURANCE | 6,376.44 |
| 0-1291-412-00-270-003-9- 230 | RETIREMENT | 0-1291-412-00-270-003-9- 211 | HEALTH INSURANCE | 5,004.30 |
| 0-1291-412-00-270-003-9- 250 | UNEMPLOYMENT COMP | 0-1291-412-00-270-003-9- 211 | HEALTH INSURANCE | 2,407.01 |
| 0-1291-412-00-270-003-9- 260 | WORKER'S COMP | 0-1291-412-00-270-003-9- 211 | HEALTH INSURANCE | 1,327.22 |
| TOTAL | | | | \$ 15,132.49 |

REASON: TO TRANSFER FUNDS WITHIN GRANT TO COVER NEGATIVE FRINGES.

_____/_____/_____
 Juan P. Sifuentes DATE Attest County Clerk DATE
 H.I.D.T.A. Task Force Commander

_____/_____/_____
 Budget Officer DATE Approved Commissioners' Court DATE