

DATE: April 27, 2021

DEPARTMENT HEAD: Eduardo Olivarez

2021
Appropriation
AI-80496



DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 1-1293-441-00-340-081-1-XXX

Contact Person: Mike Escaname Ph#: (956) 383-6221

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
1-1293-441-00-340-081-1-113	COVID IMM PRJ 3-REG F/T EMPLOYEES	920,676.00
1-1293-441-00-340-081-1-211	COVID IMM PRJ 3-HEALTH INSURANCE	192,330.00
1-1293-441-00-340-081-1-212	COVID IMM PRJ 3-LIFE INSURANCE	1,035.00
1-1293-441-00-340-081-1-220	COVID IMM PRJ 3-FICA	70,432.00
1-1293-441-00-340-081-1-230	COVID IMM PRJ 3-RETIREMENT	117,202.00
1-1293-441-00-340-081-1-250	COVID IMM PRJ 3-UNEMPLOYMENT COMP	9,206.00
1-1293-441-00-340-081-1-260	COVID IMM PRJ 3-WORKERS COMP	9,206.00
1-1293-441-00-340-081-1-581	COVID IMM PRJ 3-TRAVEL IN COUNTY	288.00
1-1293-441-00-340-081-1-751	COVID IMM PRJ 3-MACHINERY & EQUIPMENT	29,096.00
1-1293-441-00-340-081-1-610	COVID IMM PRJ 3-GENERAL SUPPLIES	45,936.00
1-1293-441-00-340-081-1-660	COVID IMM PRJ 3-FURNITURE & EQUIP-CONTROLLED	25,718.00
1-1293-441-00-340-081-1-550	COVID IMM PRJ 3-PRINTING & BINDING	3,000.00
1-1293-441-00-340-081-1-610	COVID IMM PRJ 3-GENERAL SUPPLIES	20,960.00
1-1293-441-00-340-081-1-650	COVID IMM PRJ 3-SOFTWARE	4,985.00
1-1293-441-00-340-081-1-660	COVID IMM PRJ 3-FURNISHINGS & EQUIP-CONTROLLED	15,000.00
1-1293-441-00-340-081-1-780	COVID IMM PRJ 3-CAPITAL LEASE	88,540.00
1-1293-331-12-340-081-1-000	COVID IMM PRJ 3-REVENUES	1,553,610.00
TOTAL BUDGET INCREASE (DECREASE)		1,553,610.00

REASON: Appropriation of funds for COVID IMMUNIZATION (Project #3) program that starts on date that last party signs and ends on 06/30/2024.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK