**DATE:** August 18, 2022

**DEPARTMENT HEAD:** Vidal Roman, Budget Officer

**DEPARTMENT NAME:** Dept of Budget & Mgmt for Const. Pct. 4 TTBH

**ACCOUNT NUMBER:** 2-1285-421-00-294-013-2-XXX

**Contact Person:** Ivan Cantu Ph#: Ext. 5425

**2022**
**Appropriation**

**AI-86946/CC 8-18-2022**

**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 |
|---|---|---|---|
| | | | |
| 2-1285-421-00-294-013-2- 113 | CONST PCT4 TTBH- | REG. F/T EMPLOYEES | 100,635.00 |
| 2-1285-421-00-294-013-2- 115 | CONST PCT4 TTBH- | LONGEVITY PAY | 360.00 |
| 2-1285-421-00-294-013-2- 117 | CONST PCT4 TTBH- | SUPPLEMENTAL PAY | 6,600.00 |
| 2-1285-421-00-294-013-2- 131 | CONST PCT4 TTBH- | OVERTIME PAY | 10,760.00 |
| 2-1285-421-00-294-013-2- 211 | CONST PCT4 TTBH- | HEALTH INSURANCE | 17,216.00 |
| 2-1285-421-00-294-013-2- 212 | CONST PCT4 TTBH- | LIFE INSURANCE | 88.00 |
| 2-1285-421-00-294-013-2- 220 | CONST PCT4 TTBH- | FICA | 9,054.00 |
| 2-1285-421-00-294-013-2- 230 | CONST PCT4 TTBH- | RETIREMENT | 15,422.00 |
| 2-1285-421-00-294-013-2- 250 | CONST PCT4 TTBH- | UNEMPLOYMENT COMP | 710.00 |
| 2-1285-421-00-294-013-2- 260 | CONST PCT4 TTBH- | WORKERS COMP | 3,692.00 |
| | | | |
| | | | |
| *2-1285-337-00-294-013-2- 000* | *CONST PCT 4 TTBH-* | *REVENUES* | *164,537.00* |
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| | | **TOTAL BUDGET INCREASE (DECREASE)** | **164,537.00** |

**REASON:** Appropriation of funds to fund salaries, allowances and fringes in relation to the Constable Pct. 4 interlocal agreement with TTBH for the Mental Health Officer Program (MHOP) for FY 2022. Agreement period is from 9-1-2022 to 8-31-2023. No cash match required by the County. 100% of actual costs to be reimbursed by TTBH.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

____/____/____
DATE

ATTEST COUNTY CLERK