

DATE: April 18, 2023

DEPARTMENT HEAD: \_\_\_\_\_

DEPARTMENT NAME: Department of Budget & Management for  
Health Dept TB Control Grant

**2023**  
Interfund Transfer  
AI-90516, CC 4-18-2023



ACCOUNT NUMBER: 3-1XXX-XXX-0X-XXX-0XX-X-XXX

CONTACT PERSON: Ivan Cantu, Budget Analyst III PHONE: ext. 5425

SUBJECT: **Interfund & BA - Transfer/s (transfer in/out) (increase/decrease) in Accordance with Local Government Code Chapter 111, Subchapter C.**

**Honorable Commissioner's Court of Hidalgo County:**

I would like to request the following amendments (increases) to my departmental budget in accordance with Local Government Code, Chapter 111 Subchapter C.

INCREASE/DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
<b>FROM:</b>		
3-1100-491-01-340-000-0- 293	TRANSFERS OUT HEALTH GRANTS	(183,289.00)
3-1293-391-01-340-000-0- 100	TRANSFERS IN- GENERAL FUND	(183,289.00)
<b>TO:</b>		
3-1293-391-01-340-008-4- 100	TRANSFERS IN- GENERAL FUND-TB CNTRL	183,289.00
3-1100-491-01-340-008-4- 293	TRANSFERS OUT- HEALTH GRANTS-TB CNTRL	183,289.00
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>183,289.00</b>

REASON: Interfund transfer to properly allocate 20% cash match funds required for the FY 2024 (9-1-2023 to 8-31-2024) TB Control grant (AI-90420/CC 4-18-2023).

DEPARTMENT HEAD SIGNATURE \_\_\_\_\_

APPROVED COMMISSIONERS' COURT \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

ATTEST COUNTY CLERK \_\_\_\_\_