DATE: April 18, 2023

DEPARTMENT HEAD:

DEPARTMENT NAME: Department of Budget & Management for CPS/HAZARDS Grant

2023

Interfund Transfer

AI-90545, CC 4-18-2023

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

CONTACT PERSON: Sandra Jara, 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
FROM:				
3-1100-491-01-340-000-**0**-	293	TRANSFERS OUT	HEALTH GRANTS	(59,255.00)
3-1293-391-01-340-000-**0**-	100	TRANSFERS IN-	GENERAL FUND	(59,255.00)
TO:				
3-1293-391-01-340-013-**4**-	100	TRANSFERS IN-	GENERAL FUND-TB CNTRL	59,255.00
3-1100-491-01-340-013-**4**-	293	TRANSFERS OUT-	HEALTH GRANTS-CPS/HAZARDS	59,255.00
		TOTAL BUDGET INCREASE (DECREASE)		**59,255.00**

REASON: Interfund transfer to properly allocate 10% cash match funds required for the FY 2024 (7-1-2023 to 6-30-2024) CPS/HAZARDS grant **(AI-90433/CC 4-18-2023).**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT / / **DATE** **ATTEST COUNTY CLERK**