DATE: October 31, 2023

2023
Appropriation

DEPARTMENT HEAD: Dagoberto Soto, Jr., Budget Officer

DEPARTMENT NAME: Dept of Budget & Mgmt for 449th DC Juvenile Mental Health Court

AI-93024/CC 10.31.2023

ACCOUNT NUMBER: 3-1286-423-00-011-004-4-XXX

Contact Person: Ivan Cantu Ph#: Ext. 5425

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
3-1286-423-00-011-004-**4**-	113	GIRLS JUV MH CRT-	REG. F/T EMPLOYEES	64,349.50
3-1286-423-00-011-004-**4**-	211	GIRLS JUV MH CRT-	HEALTH INSURANCE	13,692.00
3-1286-423-00-011-004-**4**-	212	GIRLS JUV MH CRT-	LIFE INSURANCE	84.24
3-1286-423-00-011-004-**4**-	220	GIRLS JUV MH CRT-	FICA	4,813.46
3-1286-423-00-011-004-**4**-	230	GIRLS JUV MH CRT-	RETIREMENT	8,337.47
3-1286-423-00-011-004-**4**-	250	GIRLS JUV MH CRT-	UNEMPLOYMENT COMP	484.73
3-1286-423-00-011-004-**4**-	320	GIRLS JUV MH CRT-	PROFESSIONAL SVCS	5,000.00
3-1286-423-00-011-004-**4**-	331	GIRLS JUV MH CRT-	PHYSICIAN SVCS	10,052.12
3-1286-423-00-011-004-**4**-	532	GIRLS JUV MH CRT-	WIRELESS DEVICES	960.00
3-1286-423-00-011-004-**4**-	550	GIRLS JUV MH CRT-	PRINTING & BINDING	200.00
3-1286-423-00-011-004-**4**-	583	GIRLS JUV MH CRT-	OUT OF CO. TRAVEL	2.00
3-1286-423-00-011-004-**4**-	610	GIRLS JUV MH CRT-	GENERAL SUPPLIES	5,195.00
3-1286-423-00-011-004-**4**-	660	GIRLS JUV MH CRT-	FURN. & EQUIP CONTRLD	1,000.00
3-1286-334-10-011-004-4-	***000***	***GIRLS JUV MH CRT-***	***REVENUES***	***114,170.52***
			TOTAL BUDGET INCREASE (DECREASE)	**114,170.52**

REASON: Appropriation of funds in relation to the grant award from the Office of the Governor-Criminal Justice Division for the Juvenile Mental Health Court program. **Grant period, FY 2024 is from 9-1-2023 to 8-31-2024. Grant No. 4426102**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

____/____/____
DATE

ATTEST COUNTY CLERK