DATE: November 6, 2025

DEPARTMENT HEAD: Dagoberto Soto, Director, Budget & Management

DEPARTMENT NAME: Dept of Budget & Mgmt for Health Grants

ACCOUNT NUMBER: 5-1XXX-XXX-0X-XXX-0XX-X-XXX

Contact Person: Sandra Jara **Ph#:** Ext. 5408

2025
Deobligation

AI-101483/CC 11/25/25

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
5-1100-491-01-340-000-4- 293	TRANSFERS OUT-HEALTH GRANTS		(17,494.00)
5-1293-391-01-340-000-5- 100	TRANSFERS IN-GENERAL FUND		(17,494.00)
5-1100-415-00-115-002-0- 899	**CO. WIDE ADM.-**	**CONTINGENCY**	**17,494.00**
		TOTAL BUDGET INCREASE (DECREASE)	**17,494.00**

REASON: Deobligation of lapsed cash match funds in relation to Health Grants and appropriation into the Co. Wide Adm.-Contingency account. **Cash match funds were not used.**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

____/____/____
DATE

ATTEST COUNTY CLERK