

DATE: February 17, 2026

**2025**  
**Appropriation**

DEPARTMENT HEAD: Dairen Sarmiento Rangel



DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 5-1293-441-10-340-083-1-XXX

Contact Person: Carlos Oliva Ext: 7241

**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
5-1293-441-10-340-083-1-113	HEALTH DISP-REG F/T EMPLOYEES	(335.47)
5-1293-441-10-340-083-1-211	HEALTH DISP-HEALTH INSURANCE	(2,438.00)
5-1293-441-10-340-083-1-212	HEALTH DISP-LIFE INSURANCE	(599.00)
5-1293-441-10-340-083-1-220	HEALTH DISP-FICA	(26.12)
5-1293-441-10-340-083-1-230	HEALTH DISP-RETIREMENT	(121.31)
5-1293-441-10-340-083-1-250	HEALTH DISP-UNEMPLOYMENT COMP	(380.93)
5-1293-441-10-340-083-1-260	HEALTH DISP-WORKERS COMP	(349.31)
5-1293-441-10-340-083-1-581	HEALTH DISP-TRAVEL IN COUNTY	(2,984.00)
5-1293-441-10-340-083-1-583	HEALTH DISP-TRAVEL OUT OF COUNTY	(611.24)
5-1293-441-10-340-083-1-584	HEALTH DISP-REGISTRATION FEES	(158.16)
5-1293-441-10-340-083-1-610	HEALTH DISP-GENERAL SUPPLIES	(4,634.00)
5-1293-441-10-340-083-1-660	HEALTH DISP-FURN & EQUIP CNTRLD	(1,366.00)
5-1293-331-12-340-083-1-010	HEALTH DISP-REVENUES	(14,003.54)
<b>TOTAL BUDGET INCREASE (DECREASE)</b>		<b>(14,003.54)</b>

**REASON:** Deobligating FY21 funds

DEPARTMENT HEAD SIGNATURE

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DATE

ATTEST COUNTY CLERK

APPROVED COMMISSIONERS' COURT