

DATE: 3/18/2026

DEPARTMENT HEAD: Faustino Lopez

DEPARTMENT NAME: ADULT PROBATION

ACCOUNT NUMBER: 5-1289-423-00-320-047-4-XXX Mental Health Crt
Rosario

Contact Person: Castilleja Ph# 587-6009 ext 4414

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
5-1289-334-10-320-	-047	-4	-000	Mental Health Court -Revenues	(\$77.55)
5-1289-423-00-320-	-047	-4	-250	Mental Health Court-Unemployment Compensation	(\$77.55)
TOTAL BUDGET INCREASE (DECREASE)					(\$77.55)

REASON: FY24 deobligation of funds no longer needed due to grant ending on August 31, 2024.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK