

**HIDALGO COUNTY**  
 Department of Budget & Management  
**FISCAL NOTE**

\* Fiscal notes are prepared by the Department of Budget & Management to present the budgetary impact of requests by departments/offices or new proposals not approved during the budget process.

**To:** Commissioner' Court  
**From:** Budget & Management  
**CC Date:** Tuesday, April 14, 2026

**Agenda Item:** 102994

**Summary of request/proposal:**

Health Clinics (1100):

Approval of the following personnel actions, effective 03/17/26:

Fund	Position	Slot	Obj	G/S	Current Budgeted Salary/ Allowance	Proposed Budgeted Salary/ Allowance	Total Request
1100	Clinic Program Manager	0197	501130	18/03	90,939.00	78,204.00	(12,735.00)
1100	Clinic Program Manager	0198	501130	18/01	85,738.00	73,003.00	(12,735.00)
					176,677.00	151,207.00	(25,470.00)

**Budgetary Impact:**

Increase/Decrease Account Number	Account Name/Object Code Name	Amount
1100-41-340-410-0000-501130-	REG F/T EMPLOYEES	(\$20,297.93)
1100-41-340-410-0000-502110	HEALTH INSURANCE	\$0.00
1100-41-340-410-0000-502120	LIFE INSURANCE	\$0.00
1100-41-340-410-0000-502200	FICA	(\$1,552.79)
1100-41-340-410-0000-502300	RETIREMENT	(\$2,963.50)
1100-41-340-410-0000-502500	UNEMPLOYMENT	(\$30.45)
1100-41-340-410-0000-502600	WORKER'S COMP	\$0.00

**Current Fiscal Year:** (\$24,844.67)

**Funding Source:**

No budgetary impact, change in funding source

**Comments:**

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# HIDALGO COUNTY

## Department of Budget & Management

### FISCAL NOTE

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**To:** Commissioner' Court  
**From:** Budget & Management  
**CC Date:** Tuesday, March 17, 2026

**Agenda Item:** 102994

**Summary of request/proposal:**

H.D. ADM (1293):  
 Approval of the following personnel actions, effective 03/17/26:

Fund	Position	Slot	Obj	G/S	Current Budgeted Salary/ Allowance	Proposed Budgeted Salary/ Allowance	Total Request
1100	Clinic Program Manager	0001	501130	18/03	3,101.00	15,836.00	12,735.00
1100	Clinic Program Manager	0002	501130	18/01	2,049.00	14,784.00	12,735.00
					5,150.00	30,620.00	25,470.00

**Budgetary Impact:**

Increase/Decrease Account Number	Account Name/Object Code Name	Amount
1293-41-340-000-0000-501130-	REG F/T EMPLOYEES	\$20,297.93
1293-41-340-000-0000-502110	HEALTH INSURANCE	\$0.00
1293-41-340-000-0000-502120	LIFE INSURANCE	\$0.00
1293-41-340-000-0000-502200	FICA	\$1,552.79
1293-41-340-000-0000-502300	RETIREMENT	\$2,963.50
1293-41-340-000-0000-502500	UNEMPLOYMENT	\$30.45
1293-41-340-000-0000-502600	WORKER'S COMP	\$0.00

**Current Fiscal Year:** \$24,844.67

**Funding Source:**

No budgetary impact, change in funding source

**Comments:**

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