



COURT COMMUNICATION ITEM

Item Description

Request approval of Health Care Budget Adjustments (Amendments) over \$5,000.

Background on Item

Budget adjustment to move funds to court approved Project Access per c/o# 2011-2035-03-21.

Financial Information

Budget adjustment totaling \$285,000

Non-Court Budget Adjustments (GASB) FY11 Health Care

Adjustment #	Department	From Detail		To Detail		Amount	Description
		From Account	(project #, etc.)	To Account	(project #, etc.)		
11-HC-01	Health Care	040-6001-720.64-27	Outpatient Hospital Care	040-6001-720.63-08	Project Access	\$285,000.00	Move funds to court approved Project Access per c/6# 2011-2035-03-21.
TOTAL						\$285,000	

Budget Amendment Request Form

For Budget Office Use Only	
<input checked="" type="checkbox"/> Court	<input type="checkbox"/> Non-Court
FY _____	Seq. No. _____
Approved by: _____	Date: _____

Date of Request: March 22, 2011

From: Healthcare Foundation / Candy Blair
(Department Name / Contact Name / Phone)

Budget Account to Receive Budget Amendment: x New Existing

Project Code to Receive Amendment: New Existing

TO Account Information:

Account Number	Department/Division	Project Code	Amount
<u>040-6001-720.63-08</u>	<u>Project Access</u>		<u>\$285,000.00</u>

FROM Account Information:

Account Number	Department/Division	Project Code	Amount
<u>040-6001-720.64-27</u>	<u>Outpatient Hospital Care</u>		<u>\$285,000.00</u>

FROM Total:	\$285,000.00
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Purpose for Request:

Project Access approved on 3/21/2011 Commissioners Court.

Payment of \$185,000 for April 1, 2011
 Payment of \$100,000 for July 1, 2011

Budget for FY 2012 to be \$485,000

 Elected Official / Department Head