



# WEBB COUNTY BUDGET OFFICE

## REQUEST FOR MINISTERIAL / EMERGENCY BUDGET AMENDMENT

### INSTRUCTIONS:

ALL budget appropriation transfer requests require Budget Office approval before being presented to court for ratification. Please submit the signed form to the Budget Office for review along with copy or backup to support this request for our review. The Budget Office will send the approved form to the department via email. Agenda items must be submitted by the department requesting ministerial budget amendment.

Requesting Department : Head Start Date of Request: 07/14/2021

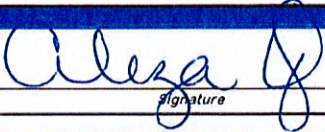
### Request Type (check one):

Departmental Budget Amendment  Emergency Budget Amendment

Transfer From:		
Account Number	Account Name	Amount
2357-1150-357420	Other Revenues	\$1,056.00
2357-1150-392000	Sale of Equipment	\$2,050.00
		TOTAL
		\$3,106.00

Transfer To:		
Account Number	Account Name	Amount
2357-1150-531-431002	Administrative Expense	\$3,106.00
		TOTAL
		\$3,106.00

*Justification for Request:*  
Auction proceeds incurred were not anticipated before the adoption of the FY 2021 Budget.

**Approved by Department Signing Authority:**  
Aliza Oliveros, Head Start Director   
Print Name/Title Signature

**FOR BUDGET OFFICE USE ONLY**

Commissioners Court Ratification Date: \_\_\_\_\_ Agenda Item: \_\_\_\_\_  
Date Entered by Budget Office: \_\_\_\_\_ Initials: \_\_\_\_\_  
BA#: \_\_\_\_\_

**WEBB COUNTY  
REQUEST FOR BUDGET APPROPRIATION TRANSFER  
OR SUPPLEMENTAL BUDGET**

**INSTRUCTIONS:**

ALL budget appropriation transfer and supplemental budget requests for grants and forfeitures require Auditor's Office pre-approval for court agenda. Please submit the signed form to the Auditor's Office for review along with copy of grant award, terms of award, proof of receipt of additional revenue and/or other backup to support this request for our review. Should pre-approval be granted, the Department will be notified and Auditor's Office will upload the signed form as part of the proposed agenda item. Agenda items will be between Auditor's Office sponsored by the Department requesting the budget amendment.

Requesting Department : Head Start Date of Request: 07/16/2021

**Request Type (check one):**

**Departmental Line Item Transfer**  
(Check if transfer within existing budget)

**Supplemental Budget**  
(Check if new unbudgeted revenue / expenditure)

**Transfer From / Supplemental Revenue:**

Account Number	Account Name	Amount
2357-5190-531-432088	Mental Health Observations	\$11,500.00
2357-5230-531-456201	College Tuition	\$2,500.00
2357-5190-531-432068	Consultant Trainings	\$15,000.00
<b>TOTAL</b>		<b>\$29,000.00</b>

**Transfer To / Supplemental Expenditure Accounts:**

Account Number	Account Name	Amount
2357-5190-531-460005	Disability Supplies	\$3,750.00
2357-5190-531-460024	Medical/Dental Supplies	\$7,750.00
2357-5230-531-456205	Training & Education	\$2,500.00
2357-5190-531-443000-020	Repairs/Building Maintenance	\$15,000.00
<b>TOTAL</b>		<b>\$29,000.00</b>

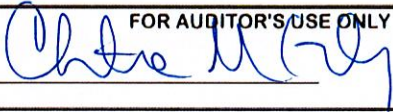
Justification for Request:

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Approved by Department Signing Authority:

Aliza F Oliveros Director  
Print Name/Title

  
Signature

Recommended by County Auditor's Office:	<b>FOR AUDITOR'S USE ONLY</b> <u></u>	Date: <u>7/17/2021</u>
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<b>FOR BUDGET OFFICE USE ONLY</b>			
Commissioners Court Approval Date:	_____	Agenda Item :	_____
Date Entered by Budget Office:	_____	Initials:	_____