

## 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 preapproval 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:                             | Community Action Agency | Date of Request: 04/09/202                                | 24                 |
|--|-------------------------|---|--------------------|
| Request Type (check one):                          |                         |   |                    |
| Departmental Line (Check if transfer within        | existing budget)        | Supplemental Budget (Check if new unbudgeted revenue / ex | penditure)         |
| Transfer From / Supplementa                        | al Revenue:<br>Number   | Account Name  | A                  |
| 2362-5150-521-458000                               | Number                  | Account Name Administrative Travel                        | Amount<br>\$814.40 |
| 2362-5150-521-410000                               |                         |   |                    |
|  |                         | Payroll Cost<br>Health Life Insurance                     | \$29,491.15        |
| 2362-5150-521-421000<br>2362-5150-521-422000       |                         |   | \$10,029.97        |
|  |                         | FICA County Share   | \$4,832.96         |
| 2362-5150-521-423000                               |                         | Retirement County Share                                   | \$4,905.60         |
| 2362-5150-521-425000                               |                         | Unemployment Tax  | \$877.18           |
| 2362-5150-521-426000                               |                         | Worker Compensation                                       | \$222.29           |
|  |                         | TOTAL   | \$51,173.55        |
| Transfer To / Supplemental E                       | xpenditure Accounts:    |   |                    |
| Account  | Number                  | Account Name  | Amount             |
| 2362-5360-521-463802                               |                         | Household Crisis  | \$7,663.12         |
| 2362-5360-521-463804                               |                         | Utility Assistance  | \$42,315.28        |
| 2362-5360-521-457900                               |                         | Program Services Expenditures                             | \$1,195.15         |
|  |                         |   |                    |
|  |                         |   |                    |
|  |                         |   |                    |
|  |                         |   |                    |
|  |                         |   |                    |
|  |                         | TOTAL   | \$51,173.55        |
| Justification for Request:                         |                         |   |                    |
| Approved by Department Sign<br>Guillermo Walls, CA | AA Director             | A DOS Signature   |                    |
|  |                         | ITOR'S USE ONLY   |                    |
| Recommended by County<br>Auditor's Office:         | Beatriz A. Cai          | dena Date: 04/1   | 1/2024             |
|  | FOR BUILDER             | ET OFFICE USE ONLY  |                    |
|  |                         | Agenda  |                    |
| Commissioners Court Approve                        | Item :                  |   |                    |
| Date Entered by Budget Office                      | Initials:               |   |                    |
|  |                         |   |                    |