

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: STD - HIV

CONTRATOR: CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT (COUNTY)

CONTRACT NO: 2013-041393

CONTRACT TERM: 09/01/2012 THRU: 08/31/2013

BUDGET PERIOD: 09/01/2012 THRU: 08/31/2013

CHG: 002B

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$56,610.00	\$56,618.00	\$8.00
Fringe Benefits	\$16,035.00	\$16,513.00	\$478.00
Travel	\$500.00	\$1,000.00	\$500.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$1,000.00	\$1,000.00
Contractual	\$0.00	\$922.00	\$922.00
Other	\$0.00	\$0.00	\$0.00
<b>Total Direct Charges</b>	<b>\$73,145.00</b>	<b>\$76,053.00</b>	<b>\$2,908.00</b>
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
<b>Indirect Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
<b>Income Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$73,145.00	\$76,053.00	\$2,908.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$73,145.00	\$76,053.00	\$2,908.00
<b>Total Reimbursements Limit</b>	<b>\$73,145.00</b>	<b>\$76,053.00</b>	<b>\$2,908.00</b>
JUSTIFICATION			
This amendment is to add additional funds to cover costs for increased syphilis and/or HIV morbidity and to reallocate costs to reflect actual expenditures.			

Financial status reports are due: 01/31/2013, 04/30/2013, 07/31/2013, 10/30/2013