

**COUNTY OF GALVESTON
REQUEST FOR BUDGET AMENDMENT/TRANSFER**

Department: Mental Health Court Program	24-193-1112-A
Date Submitted: 11/5/2024	(Assigned by Department of Professional Services)

COMMISSIONER'S COURT ACTION:
Please complete the following form in its entirety and submit to the Budget Office at least eleven (11) days prior to the first regularly scheduled Tuesday Commissioners Court meeting date each month. Emergency amendments will be processed at the earliest available Court meeting date. If information on this form is incomplete, the amendment will be returned to your office for completion. It is suggested that the department requesting the amendment be present on the date of its submittal to the Court for action.

GENERAL EXPLANATION:

Request transfer from within Mental Health Court Program from Travel and Conference to Reimbursement CSCD - Health Insurance to fund additional staff's health insurance.

This budget amendment does not increase the budget for FY 2024

TRANSFER FROM				Auditor Use Only Account Balance Sufficient (Y/N)
Fund	Department	Line Item	Amount	
1208 - County Specialty Court Fund	120800 - Mental Health Court Program	5496100 - Travel and Conference	1,076.75	
TOTAL - Transfer From			\$ 1,076.75	

TRANSFER TO				Auditor Use Only Account Balance Sufficient (Y/N)
Fund	Department	Line Item	Amount	
1208 - County Specialty Court Fund	120800 - Mental Health Court Program	5601061 - Reimb CSCD - Health Insurance	1,076.75	
TOTAL - Transfer To			\$ 1,076.75	

ADDITIONAL COMMENTS:


 Budget Office Authorization 11/5/2024
Date

AUDITOR'S REVIEW

This budget amendment has been reviewed for validity of accounts and sufficiency of account balances used for budget transfer.

Reviewed by: *Madeline Walker CPA*

Date: 11/5/2024

Auditor's Remarks:

COMMISSIONERS COURT APPROVAL

Date Submitted: _____

Date Approved: 11/12/2024

****Galv Cnty Production****
Budget to Actual Figures

Run: 11/04/2024

Ledger: GL
Fiscal Year: 2024 9 September

Budget: OB

Ke **Title** **Director**
 1208120800 **Mental Health Court Program** **County Judge**

Object	Description	Budget	Actual	Encumbrance	Balance
5496100	Travel and Conference	20,630.00	5,827.89	0.00	14,802.11
	Total Revenue	0.00	0.00	0.00	0.00
	Total Expense	20,630.00	5,827.89	0.00	14,802.11
	Net Total (Revenue - Expense)	(20,630.00)	(5,827.89)	0.00	14,802.11

****Galv Cnty Production****
Budget to Actual Figures

Run: 11/04/2024

Ledger: GL
Fiscal Year: 2024 9 September

Budget: OB

Ke **Title** **Director**
 1208120800 Mental Health Court Program County Judge

Object	Description	Budget	Actual	Encumbrance	Balance
	Grand Total Revenue	0.00	0.00	0.00	0.00
	Grand Total Expense	20,630.00	5,827.89	0.00	14,802.11
	Grand Totals (Revenue - Expense)	(20,630.00)	(5,827.89)	0.00	14,802.11

FY25 Budget Amendment Request

Row 37

**Commissioners'
Court Status**

Fiscal Year

**Budget
Amendment
Number** 24-193-1112-A

Sponsor: Commissioner Precinct 3, Honorable Stephen D. Holmes

Department: Mental Health Court Program

**Agenda Item
Caption** Request transfer from within Mental Health Court Program from
Travel and Conference to Reimbursement CSCD - Health Insurance
to fund additional staff's health insurance.

Amount \$1,076.75

Notes

**Amount From
General Fund
Budgeted
Reserves**

**Division
Number:** 120800

**Department
Head Name:** Willie Lacy

**Department
Head Email:** willie.lacy@co.galveston.tx.us

Submitted By: Willie Lacy

**Contact
Extension
Number:** 5519

**Contact Email
Address:** willie.lacy@co.galveston.tx.us

**Associated
Forms** Not Applicable

**Budget
Amendment
Justification:** Requesting \$1,076.75 to be transferred from object code 5496100 travel &
conference to cover object code 560161 CSCD health insurance shortage for
Charlotte Jones, Kelly Warner, & Xavier Perkins.

Key Org (From): 1208120800

**Object Code
From (Line
Item):** 5496100

Amount (From): \$1,076.75

**Add an
additional Key
Org (From):**

**(2) Key Org
(From):**

**(2) Object Code
From (Line
Item):**

**(2) Amount
(From):**

**(3) Add an
additional Key
Org (From):**

**(3) Key Org
(From):**

**(3) Object Code
(Line Item):**

**(3) Amount
(From):**

**(4) Add an
additional Key
Org (From):**

**(4) Key Org
(From):**

**(4) Object Code
(Line Item):**

**(4) Amount
(From):**

Key Org (To): 1208120800

**Object Code
(Line Item):** 5601061

Amount (To): \$1,076.75

**Add an
additional Key**

Org (To):

**(2) Key Org
(To):**

**(2) Object Code
To (Line Item):**

(2) Amount (To):

**(3) Add an
additional Key Org (To):**

**(3) Key Org
(To):**

**(3) Object Code
To (Line Item):**

(3) Amount (To):

**(4) Add an
additional Key Org (To):**

**(4) Key Org
(To):**

**(4) Object Code
To (Line Item):**

(4) Amount (To):

(5) Key Org (To)

**(5) Object Code
To (Line Item):**

(5) Amount To:

Total (From) \$1,076.75

Total (To) \$1,076.75