RESOLUTION 2001 - 150

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF
ST. JOHNS COUNTY, FLORIDA, AMENDING THE FISCAL YEAR 2001
MENTAL HEALTH TRUST FUND BUDGET TO RECEIVE
UNANTICIPATED REVENUE AND AUTHORIZE ITS EXPENDITURE
BY THE ST. JOHNS COUNTY MENTAL HEALTH DEPARTMENT.

WHEREAS, St. Johns County has a Mental Health Department which operates through a trust
fund budget developed for the Department; and

WHEREAS, the County has historically received an annual grant of funds by the State of
Florida to provide Mental Health services; and

WHEREAS, the County operating budget is annually prepared prior to knowing the actual
amount of grant funds which may be received by the Mental Health Trust Fund; and

WHEREAS, St. Johns County, Florida, when preparing the budget for Fiscal Year 2001, did not
anticipate receiving grant funds from the State of Florida above and beyond those projected by
the Mental Health Department; and

WHEREAS, the State of Florida has made available, through an amended contract, additional
grant dollars for the Mental Health Department; and

WHEREAS, the State of Florida has approved additional grant funds for Fiscal Year 2001
which exceeds the budgeted grant amount by $21,911.

NOW THEREFORE, BE IT RESOLVED by the Board of County Commissioners of St.
Johns County, Florida, that:

1. The above “Whereas” statements are adopted as a finding of fact.

2. The Mental Health Trust Fund revenue and expenditure budgets shall be adjusted to account for
unanticipated funds from the State of Florida in the amount of $21,911 for Fiscal Year 2000-2001.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

By: Marc Jacalone
Marc Jacalone, Chairman

ATTEST: Cheryl Strickland, Clerk

Deputy Clerk
ST. JOHNS COUNTY
BOARD OF COUNTY COMMISSIONERS
BUDGET TRANSFER FORM

July 24, 2001
(Board Meeting Date)

Date: July 12, 2001 Dept: Mental Health Division: 1101 Fund: Special Revenue

<table>
<thead>
<tr>
<th>Account No.</th>
<th>Title</th>
<th>Amount</th>
<th>Account No.</th>
<th>Title</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1109-33472</td>
<td>State-PTS/FSPIT</td>
<td>$9,251</td>
<td>1101-55305</td>
<td>State Grant</td>
<td>$21,911</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Expenditures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1109-33471</td>
<td>State Drug-Allocation LOC</td>
<td>$12,660</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL:</td>
<td></td>
<td>$21,911</td>
<td>TOTAL:</td>
<td></td>
<td>$21,911</td>
</tr>
</tbody>
</table>

Justification of Request:

Unanticipated revenue from the State to fund miscellaneous projects for the Mental Health Department

__________________________
Department Head

This request has been checked and is correct in every aspect including an adequate source of funds to complete the transfer:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>X</th>
<th>No</th>
</tr>
</thead>
</table>

__________________________
Budget Officer

Recommendation of the County Administrator

Approved Disapproved

Remarks:

Form 200-revised 11/97