RESOLUTION 2004 - 337

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AMENDING THE FISCAL YEAR 2004 GENERAL FUND BUDGET TO RECEIVE UNANTICIPATED REVENUE AND AUTHORIZE ITS EXPENDITURE BY THE ST. JOHNS EMERGENCY MEDICAL SERVICES (EMS) DEPARTMENT.

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

WHEREAS, St. Johns County, Florida, when preparing the budget for Fiscal Year 2005, did not anticipate receiving grant funds from the Florida Department of Health; and

WHEREAS, the Department of Health has made funds available as part of the Emergency Medical Services County Grant to be used to improve and expand pre-hospital EMS and that the funds will not be used to supplant current levels of county EMS expenditures; and

WHEREAS, the Department of Health has approved said funds for the St. Johns County EMS Department for Fiscal Year 2005 in the amount of $45,093.55, which is $10,094 more than anticipated in the FY2005 budget.

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

1. The above Recitals are hereby adopted as legislative findings of fact.

2. The appropriate General Fund revenue and expenditure budgets shall be adjusted to account for unanticipated funds from the Department of Health in the amount of $10,094 for Fiscal Year 2005.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State of Florida, this
17th day of November, 2004.

BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA

By: [Signature]
Bruce A. Maguire, Chairman

ATTEST: Cheryl Strickland, Clerk

By: [Signature]
Deputy Clerk

11-19-04 ResolutionEMSGrant1104.doc
# ST. JOHN COUNTY
## BOARD OF COUNTY COMMISSIONERS
### BUDGET TRANSFER FORM

**November 17, 2004**

<table>
<thead>
<tr>
<th>Date</th>
<th>11/04/04</th>
<th>Dept Name</th>
<th>EMS</th>
<th>Dept #:</th>
<th>0048</th>
<th>Fund #:</th>
<th>0001</th>
</tr>
</thead>
</table>

| **Increase:** | | **Appropriate To:** |
|---------------|---------------|
| Account No.   | Title         | Amount      | Account No. | Title       | Amount  |
| 0001-33420    | P.S. State Grant | $10,094.00 | 0048-55305  | State Grant Exp | $10,094.00 |
| TOTAL:        |               | $10,094.00  | TOTAL:      |             | $10,094.00  |

**Recognition of unanticipated State Grant Funds.**

---

**Authorized Signature**

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

Yes [ ] X [x] No [ ]

---

**Budget Officer**

---

**Recommendation of the County Administrator**

<table>
<thead>
<tr>
<th>Approved</th>
<th>Disapproved</th>
</tr>
</thead>
</table>

**Remarks:**

---

Form 200-revised 07/03