

RESOLUTION 2004 - 87

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 2004, 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 Matching Grant to stock the new FY 2004 approved ambulance with equipment and supplies required by Florida Statute, rule or Department regulation, as well as with additional equipment considered to be the standard of care in this organization; and

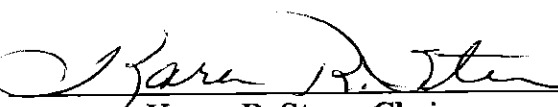
WHEREAS, the Department of Health has approved said funds for the St. Johns County EMS Department for Fiscal Year 2004 in the amount of \$22,500.


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

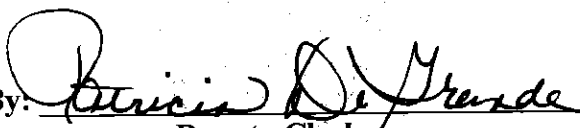
1. The above Recitals are hereby adopted as legislative findings of fact.
2. The appropriate General Fund revenue and expenditure budgets shall be adjusted to account for unanticipated funds from the Department of Health in the amount of \$22,500 for Fiscal Year 2004.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, State of Florida, this 4th day of May, 2004.

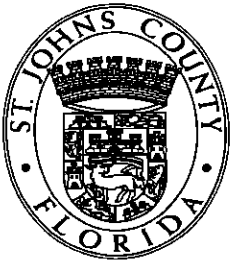
**BOARD OF COUNTY COMMISSIONERS
OF ST. JOHNS COUNTY, FLORIDA**

By: 
Karen R. Stern, Chairman


ATTEST: Cheryl Strickland, Clerk

By: 
Deputy Clerk

RENDITION DATE 5-5-04



**ST. JOHNS COUNTY
BOARD OF COUNTY COMMISSIONERS
BUDGET TRANSFER FORM**

May 3, 2004

(Board Meeting Date)

| | | | | | | | |
|-------|----------|------------|-----|---------|------|---------|------|
| Date: | 04/19/04 | Dept Name: | EMS | Dept #: | 0048 | Fund #: | 0001 |
|-------|----------|------------|-----|---------|------|---------|------|

| Increase: | | | Appropriate To: | | |
|--------------------|----------------|---------------|--------------------|-----------------|---------------|
| <i>Account No.</i> | <i>Title</i> | <i>Amount</i> | <i>Account No.</i> | <i>Title</i> | <i>Amount</i> |
| 0001-33420 | PS State Grant | \$22,500 | 0048-55305 | State Grant Exp | \$22,500 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL: | | \$22,500 | TOTAL: | | \$22,500 |

Justification of Request

Recognition of an unanticipated State Grant.

Department Head

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

Yes

X

No

Budget Officer

Recommendation of the County Administrator

Approved

Disapproved

Remarks:



Jeb Bush
Governor

John O. Agwunobi, M.D., M.B.A.
Secretary

March 31, 2004

Mr. Ben W. Adams, Jr.
County Administrator
Saint Johns County Fire Rescue
4075 Lewis Speedway, Suite 1
Saint Augustine, FL 32084

Dear Mr. Adams:

It gives me great pleasure to hereby award your organization an emergency medical services matching grant M4035 in the amount of \$22,500.00, which is 75 percent of the total project costs approved by the Florida Department of Health as prescribed in section 401.113, Florida Statutes. The grant is 75 percent state funds, and 25 percent matching funds, the latter of which the applicant must provide. Your required cash match for this grant is \$7,500.00. The purpose of this matching grant is to support the pre-hospital activities and other emergency medical services items specified in your application and any revisions, which are on file with the department's Bureau of Emergency Medical Services.

You acknowledge acceptance of the grant terms and conditions when you draw or otherwise obtain funds from the grant payment system. Your signed grant application acknowledges you have read, understood, and will comply with all terms and conditions of the approved grant and departmental rules. You may place these funds in any type of bank account you choose; however, any interest earned on these funds must be returned to the department.

By separate letter, the Bureau of Emergency Medical Services will provide you and the individual identified as the contact person in your application, a copy of the approved grant budget, a list of any special grant conditions, and the due dates of the required grant reports. This matching grant begins on the date of this letter and will end June 30, 2005. Failure to submit the required reports by the due dates may impact any future grant applications submitted by your organization.

Thank you for your continued support and involvement in improving and expanding the Florida pre-hospital emergency medical services system.

Sincerely,

A handwritten signature in black ink, appearing to be "John O. Agwunobi", written over a horizontal line.

John O. Agwunobi, M.D., M.B.A.
Secretary, Department of Health

JOA/ew
cc: Ms. Marguerite N. Stevens