

RESOLUTION NO. 2006 - 222

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AUTHORIZING THE AMENDMENT OF ITS FY 2006 EMS BUDGET TO RECEIVE UNANTICIPATED REVENUE FOR THE PURPOSE OF PROVIDING REPAIRS TO A COUNTY RESCUE UNIT (AMBULANCE).**

**WHEREAS**, St. Johns County, Florida, when preparing its EMS budget for fiscal year 2006, did not anticipate the receipt of funds for the repair of vehicles involved in motor vehicle accidents, and

**WHEREAS**, the condition of this vehicle necessitated it being repaired as quickly as possible in order that it be placed back in service, and

**WHEREAS**, St. Johns County was reimbursed \$2585.90 by the Volunteer Fireman's Insurance Services (VFIS) for the ambulance repairs to the vehicle (Rescue 14), and

**WHEREAS**, the EMS operating budget requires the restoration of those insurance proceeds to its Vehicle Maintenance account.

**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 EMS revenue and expenditure budgets shall be adjusted to account for unanticipated funds received from VFIS in the amount of \$2585.90 for fiscal year 2006.

**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County, State of Florida, this 11th day of July, 2006.

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

By: James E. Bryant  
James Bryant, Chairman

ATTEST: Cheryl Strickland, Clerk

By: Patricia W. Grande  
Deputy Clerk

RENDITION DATE 7-13-06



Glatfelter  
Insurance  
Group

A Tradition of Service. Founded on Trust.

June 19, 2006

Shelley M. Wood, Logistics Chief  
St. Johns County Fire Rescue  
4455 Avenue A, Suite 100  
St. Augustine, FL 32095

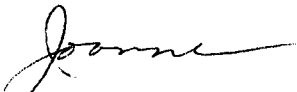
Re: Damage to R14 – D/L 06/12/06

Dear Shelley,

Enclosed is our check in the amount of \$2,585.90, as settlement of the above noted claim, less the deductible.

We are happy to have been of service. Please don't hesitate to contact me if there are any questions.

Sincerely,



Joanne S. Dedrick

jsd  
Enc.

PAYMENT IS BEING ISSUED FOR: **DAMAGES TO 1998 FRTLNR AMB PER CONTINENTAL TRUCK EST LESS \$250 DEDUCTIBLE.**

CHECK NUMBER: 0000201622  
 CLAIM NUMBER: FLCM206060737-02  
 PAYMENT AMOUNT: \$\*\*\*\*\*2,585.90

Payment on behalf of American Alternative Insurance Corp.

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and subject to criminal prosecution and civil penalties.

ALBRECHB  
 VFIS

Please detach voucher and deposit check promptly.



Glattfelder Claims Management, Inc.  
 P.O. Box 51261  
 York, PA 17405  
 (800) 233-1957

THIS CHECK IS VOID WITHOUT A BLUE & GREEN BACKGROUND AND AN ARTIFICIAL WATERMARK ON THE BACK. HOLD AT ANGLE TO VIEW.

CHECK NO. 0000201622

CHECK DATE 6/16/2006

Valid 90 days after this date

CLAIM NUMBER	POLICY NUMBER	PAYEE TAXPAYER ID	POLICY HOLDER	CLAIMANT	POLICY DATES	DATE OF LOSS
FLCM206060737-02	VFISCM1008994409	00-0000000	ST JOHNS COUNTY FIRE SERVICE	ST JOHNS COUNTY FIRE SERVICE	10/14/2005 - 10/14/2006	6/12/2006

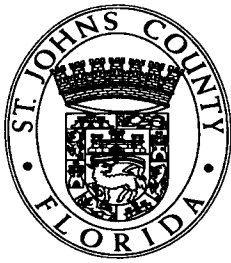
PAY Two thousand five hundred eighty five and 90/100 Dollars

\$ \*\*\*\*\*2,585.90

TO THE ORDER OF ST JOHNS COUNTY FIRE SERVICE  
 4455 AVENUE A SUITE 100  
 ST AUGUSTINE FL 32095

AUTHORIZED SIGNATURE

⑈0000201622⑈ ⑆031302955⑆ 88879143⑈



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

July 11, 2006  
(Board Meeting Date)

Date:	06/28/06	Dept Name:	EMS	Dept #:	0048	Fund #:	0001
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Increase:			Appropriate To:		
<i>Account No.</i>	<i>Title</i>	<i>Amount</i>	<i>Account No.</i>	<i>Title</i>	<i>Amount</i>
0001-36402	Insurance Proceeds	\$2,585.90	0048-54602	Vehicle Maint	\$2,585.90
<b>TOTAL:</b>		\$2,585.90	<b>TOTAL:</b>		\$2,585.90

**Recognition of unanticipated insurance proceeds.**

\_\_\_\_\_  
**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	No	

\_\_\_\_\_  
**Budget Officer**

<b>Recommendation of the County Administrator</b>	<b>Approved</b>	<b>Disapproved</b>
Remarks:		