

RESOLUTION NO. 2001-16

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA AMENDING THE FISCAL YEAR 2001 GENERAL REVENUE AND EXPENDITURE BUDGETS TO RECEIVE UNANTICIPATED REVENUE AND AUTHORIZE ITS EXPENDITURE BY THE ST. JOHNS COUNTY EMS PROGRAM.**

**WHEREAS, St. Johns County has an Emergency Medical Service (EMS) which operates under its General Fund; and**

**WHEREAS, there has historically been an annual grant of funds to the County by the State of Florida for the purpose of enhancing the provisions of EMS; and**

**WHEREAS, certain State of Florida Grant funds are proprietary, do not expire as of the end of the fiscal year and may be carried over from a previous year.**

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

1. The above "Whereas" statements are adopted as a finding of fact.
2. The General Fund revenue budget shall be adjusted to account for unanticipated revenue in the amount of \$11,079 from the roll-over of fiscal year 2000 EMS grant funds and EMS expenditure budget shall be increased by \$11,079

**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County, State of Florida, this 23rd day of January, 2001.

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

By: Mary F. Kohnke  
Mary F. Kohnke, Chair

**ATTEST: Cheryl Strickland, Clerk**

By: Patricia DeStande  
Deputy Clerk

St Johns C9958

# Department of Health EMS County Grant Program Change Request

St. Johns County EMS  
Name of Grantee

2000 - 2001  
Grant No.

BUDGET LINE ITEM	CHANGE FROM	CHANGE TO
2000-2001 GRANT	38,659.93	49,739.73
1999-2000 ROLLOVER		11,079.80
TOTAL	\$ 38,659.93	\$ 49,739.73

Justification for Budget or Activity Change: use an additional page if needed.

1999-2000 GRANT <sup>#C9958</sup> EXPENDITURES \$ 11,079.80 LESS THAN GRANT TOTAL (w/98-99 ROLLOVER + INTEREST EARNED). IT IS REQUESTED THAT THIS BALANCE BE ROLLED OVER INTO THE 2000-2001 GRANT.

This change shall begin and take effect on: 11 / 12 / 00  
Month Day Year

Margaret H. Stevens 11-7-00  
Signature of Grantee's Authorized Person Date

For use only by Department of Health  
Bureau of Emergency Medical Services

Approval Yes  No

Change No: \_\_\_\_\_

David V. Jacobsen  
Signature of State Authority or EMS Grant Manager

12-1-00  
Date