

RESOLUTION NO. 2004 - 203

**A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA AMENDING THE FISCAL YEAR 2004 FIRE DISTRICT FUND REVENUE BUDGET TO RECEIVE UNANTICIPATED REVENUE FROM DONATIONS AND AUTHORIZE ITS EXPENDITURE BY THE ST. JOHNS COUNTY FIRE SERVICES DEPARTMENT.**

**WHEREAS**, the St. Johns County Fire Rescue Department has received donations from individuals and organizations for the purchase equipment; and

**WHEREAS**, the total of these donations during the 2004 Fiscal Year to date has been \$13,878; and

**WHEREAS**, because of their source being donations, these revenues were not anticipated during the preparation of the 2004 Fiscal Year Budget; and

**WHEREAS**, the St. Johns County Fire Services Department needs their recognition as current year revenues to enable the appropriation of these funds for their intended purposes;

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

1. The above recitals are hereby adopted as legislative findings of fact.
2. The Fire District Fund revenue and expenditure budgets shall be adjusted to account for unanticipated funds from donations in the amount of \$13,878 for Fiscal Year 2004.

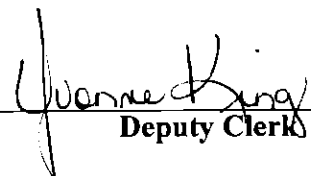
**PASSED AND ADOPTED** by the Board of County Commissioners of St. Johns County, State of Florida, this 11<sup>th</sup> day of August 2004.

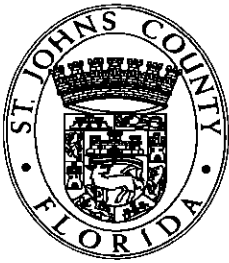
**BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA**

By:   
Karen R. Stern, Chair

ATTEST: Cheryl Strickland, Clerk

RENDITION DATE 08/13/04

By:   
Deputy Clerk



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

August 11, 2004

(Board Meeting Date)

Date:	08/02/04	Dept Name:	Fire Services	Dept #:	1224	Fund #:	1171
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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>
1171-36603	Contributions	\$13,878.00	1224-56400	Equipment	\$13,878.00
<b>TOTAL:</b>		\$13,878.00	<b>TOTAL:</b>		\$13,878.00

**Recognition of unanticipated Fire Services Contributions.**

\_\_\_\_\_  
**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: