

*****SEMINOLE COUNTY BUDGET REQUEST*****

Budget Division Use only:

DATE: 3/26/04
 FROM: Department Public Safety
 Division EMS/Fire/Rescue

BCR	<input checked="" type="checkbox"/>	04-23

WHAT IS NEEDED:

- Accounting adjustment: Item is budgeted, but funds are in incorrect account line.
- More funds for Budgeted Item: Item is budgeted, but additional funds are required.
- New item: Item is not in this fiscal year's budget.
- Operational Adjustment (Transfer or Savings to cover overage)

Detailed Explanation:

EMS/Fire/Rescue has received a peak load Transport Capable Unit that was purchased out of Impact Fees. Request to use undesignated capital Impact Fees to purchase items for new apparatus. Because it is not a replacement unit, capital items are needed prior to placing it into service. These items are: Defibrillator, \$27,000; 2 Mobile Radios, \$6,000; 2 Portable Radios, \$6,800; Nitrous Oxide Unit, \$2,150; and Scoop Stretcher, \$2,200.

	Fund # <u>123000</u>	Fund Name <u>Fire/Rescue Impact Fees</u>	
	FUND/ACCOUNT NUMBER	Project #	ACCOUNT TITLE
TRANSFER FROM	<u>123000-12801-56064200</u>	<u>1546-01 PB30451X</u>	<u>Machinery and Equipment</u>
			<u>44,150</u>
			TOTAL
			\$44,150
	FUND/ACCOUNT NUMBER	Project #	ACCOUNT TITLE
TRANSFER TO	<u>123000-12801-56064100</u>		<u>Machinery and Equipment</u>
	<u>123000-12801-56064200</u>	<u>2298-01 PB30445X</u>	<u>Machinery and Equipment</u>
			<u>17,150</u>
			<u>27,000</u>
			TOTAL
			\$44,150

CONCURRENCE OF OTHER INVOLVED DIVISIONS (ie: IT (hardware/software); Fleet/Vehicles; Purchasing/Capital; Support Svcs; etc)

Approval Date _____ Department/Division _____

RECOMMENDATION: Approval Date 3/26/04 Analyst Deborah Smith Director [Signature]

APPROVING AUTHORITY: FS Director County Manager BCC Meeting Date 4-13-04

Approved Date Signed _____ Signature _____

FINANCE: Transfer has been posted Date _____ Signature _____