

2003-R-

**BUDGET AMENDMENT REQUEST**

TO: Seminole County Board of County Commissioners

FROM: Department of Fiscal Services

SUBJECT: Budget Amendment Resolution

Fund Title: Fire Protection Fund

Fund #: 11200

FY 2002/03

**DFS Recommendation**☒ Approved☐ DisapprovedDeborah Smith *AKM* 7/28/03

Analyst

Date

Director

Date

DETAIL: Donation from American Heart Association Inc. for the purpose of purchasing three Automated External Defibrillators.

ACTION: Approval and authorization for the Chairman to execute Budget Amendment Resolution.

In accordance with Section 129.06(2)(d), Florida Statutes, it is recommended that the following accounts in the county budget be adjusted by the amounts set forth herein to reflect "a receipt of a nature from a source not anticipated in the budget and received for a particular purpose" and an appropriation relating to such receipt.

**Revenues:**

Account Number	Account Title	Amount
11200-3661000	Contributions and Donations	\$6,250
<b>Total Revenues</b>		<b>\$6,250</b>

**Expenditures:**

Account Number	Account Title	Amount
056100-11200-56064000	Machinery and Equipment	\$6,250
<b>Total Expenditures</b>		<b>\$6,250</b>

**BUDGET AMENDMENT RESOLUTION**

This Resolution, 2003-R-\_\_\_\_\_ approving the above requested budget amendment, was adopted at the regular meeting of the Board of County Commissioners of Seminole County, Florida \_\_\_\_\_ as reflected in the minutes of said meeting.

Attest:

\_\_\_\_\_  
 Maryanne Morse, Clerk to the  
 Board of County Commissioners

By: \_\_\_\_\_  
 Daryl G. McLain  
 Chairman

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Entered by County Finance Department

Date: \_\_\_\_\_



Fighting Heart Disease and Stroke

Florida/Puerto Rico Affiliate

9900 Dr. Martin Luther King Jr. Street N (33716-3801)

P.O. Box 42150 (33742-4150)

St. Petersburg, Florida

Tel: (727) 570-8809

Fax: (727) 570-8909

June 30, 2003

Stan Human  
EMS Battalion Chief  
Seminole County EMS/Fire/Rescue  
150 Bush Boulevard  
Sanford, FL 32773

Dear Chief Human,

Please accept our check in the amount of \$6,250.00 for the purchase of three Automated External Defibrillators (AEDs) and training as part of an AED Program.

An AED Program includes the Four Key Elements:

1. **Training** designated lay rescuers in CPR and how to use an AED
2. Having **Physician Oversight** to help ensure quality control
3. **Registering** of AEDs with local Emergency Medical Services (EMS) system
4. **Using and Maintaining** AEDs according to the manufacturer's specifications

You have indicated that these AEDs will be placed in the following locations:

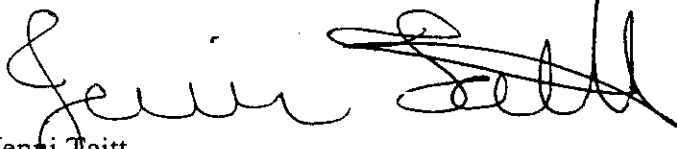
- Staff vehicles assigned to the Division Training Battalion Chief, EMS

If you have any questions or need any assistance with your AED Program your local Health Initiatives contact is:

Shelby Anderson  
(407) 843-1330  
[Shelby.Anderson@heart.org](mailto:Shelby.Anderson@heart.org)

We appreciate working with you to help save lives in your community.

Sincerely,

  
Jenni Taitt  
Special Project Director

cc: Shelby Anderson

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Winter Haven

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Lisa Whidden, R.N.  
Winter Haven

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AMERICAN HEART ASSOCIATION  
OFFICES THROUGHOUT FLORIDA  
MEET ALL REQUIREMENTS  
SPECIFIED BY THE FLORIDA  
SOLICITATION OF CONTRIBUTIONS  
ACT. A COPY OF THE OFFICIAL  
REGISTRATION AND FINANCIAL  
INFORMATION MAY BE OBTAINED  
FROM THE DIVISION OF CONSUMER  
SERVICES BY CALLING TOLL FREE  
WITHIN THE STATE (1-800-435-7352)  
REGISTRATION DOES NOT IMPLY  
ENDORSEMENT, APPROVAL, OR  
RECOMMENDATION BY THE STATE.  
REGISTRATION # SC-00430  
100% OF THE PROCEEDS BENEFIT  
THE MISSION OF THE AMERICAN  
HEART ASSOCIATION.