

City of Jacksonville, Florida
Request for Budget Transfer Form

11
4-27-24

Office of Economic Development
Department or Area Responsible for Contract / Compliance / Oversight

Portions of 7, 8, 9, 10, 12
Council District(s)

Reversion of Funds:
(if applicable)

Fund / Center / Account / Project * / Activity / Interfund / Future

Section of Code Being Waived (if applicable):

N/A

Justification for Waiver

N/A

Fiscal Yr(s) of carry over (all-years funds do not require a carryover)

This is an all-years fund

CIP (yes or no):

N

Justification for / Description of Transfer:
The purpose of this request is to transfer \$200,000 to the Failing Non-Residential Septic Tank Repair/Replacement and Sewer Connection program. The program is designed to assist non-residential property owners located in the NWJEDF boundary area with the repair/replacement of failing septic systems or connection to JEA sewer. *remove fund balance approp. in this all-years fund, clean up cloud balances and approve all available revenue.*

Net Amount Appropriated and/or Transferred:

871,417.26 ~~\$200,000.00~~

* This element of the account string is titled project but it houses both projects and grants.

Requesting Council Member: _____
Requesting Council Member: _____
Prepared By: _____

CM's District: _____
CM's District: _____
Ordinance: _____

CITY COUNCIL

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

Date Rec'd.	Date Fwd.	Approved	Disapproved
3/11/24	3/11/24	<i>[Signature]</i>	
4/11/24	4/11/24	<i>[Signature]</i>	
3-13-24	3-21-24	<i>[Signature]</i>	

Department Head _____
Mayor's Office _____
Accounting Division _____
Budget Division _____

Date of Action By Mayor: APR 22 2024

Division Chief: Edward Randolph
Prepared By: Wendy Khan

Initiated / Requested By (if other than Department): _____

APR 22 2024
MAYOR'S BUDGET
REVIEW COMMITTEE

TD / BT Number: BT 24-087
Approved: *[Signature]*
Date Initiated: _____
Phone Number: 904-255-5448

