

**City of Jacksonville, Florida
Request for Budget Transfer Form**

Finance & Administration - Grants and Contract Compliance
Department or Area Responsible for Contract / Compliance / Oversight

N/A
Council District(s)

Reversion of Funds:
(if applicable)

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

N/A

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

FY 2024 - 2025

Section of Code Being Waived (if applicable):

118.107

CIP (yes or no):

No

Justification for Waiver

To allow for a direct contract with identified organizations because organizations have successfully served as operators of the Program since 2021 and are prepared to continue operating the program.

Justification for / Description of Transfer:

To appropriate \$1,500,000 from a designated contingency to subsidies and contributions related to the JaxCareConnect program. Appropriation includes \$500,000 to We Care Jacksonville for administration of the program, and a total of \$1,000,000 for six clinics (AGAPE, WestJax, MASS, Mission House, VIM and Sulzbacher) to provide healthcare services.

Net Amount Appropriated and/or Transferred: \$1,500,000.00

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

CITY COUNCIL

Requesting Council Member: CM Boylan

Requesting Council Member: CM's District: CD 6

Prepared By: CM's District:

Ordinance:

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

Date Rec'd.	Date Fwd.	Approved	Disapproved

Department Head

Mayor's Office

Accounting Division

Budget Division

Date of Action By Mayor: _____ Approved: _____

Division Chief: _____ Date Initiated: _____

Prepared By: _____ Phone Number: _____

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

TD / BT Number: _____

