

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

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

Council District(s)

Reversion of Funds: _____
(if applicable) Fund / Center / Account / Project * / Activity / Interfund / Future

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

Section of Code Being Waived (if applicable): _____
Justification for Waiver

CIP (yes or no): _____ No

Justification for / Description of Transfer:

Transfer the remaining Covid 19 Public Health Safety and Security contingency balance to provide funding for Shands Jacksonville Medical Center, UF Health Capital Improvements, health care claims and the Mayor's Task Force.

Net Amount Appropriated and/or Transferred: _____ \$63,625,214.50

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

CITY COUNCIL

Requesting Council Member: _____ CM's District: _____

Requesting Council Member: _____ CM's District: _____

Prepared By: _____ Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

TD / BT Number: **BT23-107**

Date Rec'd.	Date Fwd.	Approved	Disapproved

Department Head
Mayor's Office
Accounting Division
Budget Division

Date of Action By Mayor: _____ Approved: _____

Division Chief: _____ Angela Moyer Date Initiated: _____

Prepared By: _____ Angela Moyer Phone Number: _____

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

Budget Transfer Line Item Detail

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

Budget Office approval does not confirm; whether or not a grant requires a new 1Cloud grant number nor the availability or use of prior-year revenue and/or the use of fund balance appropriations in all-years subfunds.

_____ Budget Officer Initials

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Accounting Codes				
							Account	Project *	Activity	Interfund	Future
Exp	American Rescue Plan Local Fiscal Recovery Fund	Covid 19 Public Health Safety and Security	Contingency	\$63,625,214.50	11415	194094	599100	010349	00000000	000000	00000000
Rev		UF Health Capital Improvements	US Department of Treasury	\$25,000,000.00	11415	194094	331511	008466	00000000	000000	00000000
Total:				\$88,625,214.50							

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Accounting Codes				
							Account	Project *	Activity	Interfund	Future
Rev		Contingency for 2024 and Q1 2025	US Department of Treasury	\$25,000,000.00	11415	194094	331511	010349	00000000	000000	00000000
Exp	American Rescue Plan Local Fiscal Recovery Fund	UF Health	Subsidies & Contributions to Private Organizations	\$15,000,000.00	11415	193030	582001	010349	00000000	000000	00000000
Exp		UF Health Capital Improvements	Other Construction	\$25,000,000.00	11415	153103	565050	008466	00000000	000000	00000000
Exp		Health Care Claims Paid	Claims Paid - Group Health	\$10,000,000.00	11415	131103	545091	010349	00000000	000000	00000000
Exp		Mayor's Task Force	Contingency	\$13,625,214.50	11415	194098	599100	010349	00000000	000000	00000000
Total:				\$88,625,214.50							