

City of Jacksonville, Florida
Request for Budget Transfer Form

5
2026-274

Finance and Administration / Risk Management

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):

CIP (yes or no):

Justification for Waiver

Justification for / Description of Transfer:

To increase FY 2024 budget for 56101-112005-531090 by \$98,000 to pay for the Onsite Physical Therapy & Industrial Prevention for JFRD. The service is not budgeted this year. *and cleanup budget balances.*

Net Amount Appropriated and/or Transferred: 284,508.81

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

CITY COUNCIL

Requesting Council Member:

Requesting Council Member:

Prepared By:

CM's District:

CM's District:

Ordinance:

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

TD / BT Number: BT24-078

Department Head	Date Rec'd.	Date Fwd.	Approved	Disapproved
Mayor's Office			<i>Deena Deegen</i>	
Accounting Division	<i>2/20/24</i>	<i>2/20/24</i>	<i>John Sant</i>	
Budget Division	<i>2-15-24</i>	<i>2-20-24</i>		

Date of Action By Mayor: FEB 26 2024

Approved:

Division Chief: Tracy Flynn

Date Initiated: 2/15/24

Prepared By: Bibinia Centeno

Phone Number: 255-5311

Initiated / Requested By (if other than Department):

FEB 26 2024

DATE

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: 1) whether or not a grant requires a new 1Cloud grant number 2) the availability of prior-year revenue 3) the available fund balance in a non-all-years fund the use of fund balance appropriations in all-years funds. 4)

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	Insured Programs	Miscellaneous Insured Programs	Premium Paid - Property	\$121,020.81	56301	112004	545190	000000	00000000	000000	00000000
Exp	Insured Programs	Miscellaneous Insured Programs	Premium Paid-GL Auto, Policy & Misc	\$163,488.00	56301	112004	545640	000000	00000000	000000	00000000
Rev	Self Insurance	Transfer from Insured Programs	Intrafund - Transfer In	\$98,000.00	56101	191040	381920	000000	00000000	56301	00000000
Total:				\$382,508.81							

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
Exp	Insured Programs	Transfer to Self Insurance	Intrafund - Transfer Out	\$98,000.00	56301	191040	591920	000000	00000000	56101	00000000
Exp	Insured Programs	Miscellaneous Insured Programs	Premium Paid - Special Events	\$128,652.81	56301	112004	545420	000000	00000000	000000	00000000
Exp	Insured Programs	Miscellaneous Insured Programs	Premium Paid - Voting Precincts	\$46,548.00	56301	112004	545430	000000	00000000	000000	00000000
Exp	Insured Programs	Miscellaneous Insured Programs	Premium Paid-Out of State Auto Liab	\$9,357.00	56301	112004	545600	000000	00000000	000000	00000000
Exp	Insured Programs	Miscellaneous Insured Programs	Premium Paid - Medical Malpractice	\$1,951.00	56301	112004	545590	000000	00000000	000000	00000000
Exp	Self Insurance	Loss Prevention	Other Professional Services	\$98,000.00	56101	112005	531090	000000	00001025	000000	00000000
Total:				\$382,508.81							