

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

(14)  
4-24-23

Parks, Recreation and Community Services/ Senior Services  
Department or Area Responsible for Contract / Compliance / Oversight

Countywide  
Council District(s)

Reversion of Funds:  
(if applicable)

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

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

Section of Code Being Waived (if applicable):

N/A

CIP (yes or no): NO

Justification for Waiver

N/A

Justification for / Description of Transfer:  
To appropriate additional funding in the amount of \$332,229.55 for the Jacksonville Senior Services Program from the American Rescue Plan Act (ARPA) to prepare for, and respond to coronavirus by providing supportive services, nutrition services, preventative health, and support services for family caregivers, giving preference to older individuals (age 60 and older) with greatest economic and social need. The grant period is July 11, 2022 -September 30, 2024. No City Match is required. Related BT22-102. 12022-771-E  
addition nml

Net Amount Appropriated and/or Transferred: \$332,229.55

\* 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

TD / BT Number: BT23-078

Department Head	Date Rec'd.	Date Fwd.	Approved	Disapproved
Mayor's Office	<u>4/18/23</u>		<u>[Signature]</u>	
Accounting Division	<u>4/18/23</u>	<u>4/18/23</u>	<u>[Signature]</u>	
Budget Division	<u>4/13/23</u>	<u>4-5-23</u>	<u>[Signature]</u>	

Date of Action By Mayor: APR 24 2023  
Date Initiated: 3/24/23  
Division Chief: [Signature] Gloria Crawford  
Prepared By: [Signature] Bridgette Newby  
Initiated / Requested By (if other than Department): \_\_\_\_\_  
Approved: [Signature]  
Phone Number: 904-255-5409

APPROVED BY:  
MAYOR'S BUDGET  
REVIEW COMMITTEE  
DATE  
APR 24 2023

**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	Accounting Codes									
				Amount	Fund	Center	Account	Project *	Activity	Interfund	Future		
				Total:	\$332,229.55								
Rev	Community Services Grants	PRSE Adult Services Grants-Other Human Services/Social Services 3-B Nutrition 3C ARP Act	Department of Health and Human Services	\$74,566.57	11406	162107	331690	010547	00000000	000000	00000000		
Rev	Community Services Grants	PRSE Adult Services Grants-Other Human Services/Social Services 3-B Nutrition 3C ARP Act	Department of HHS-Title III C	\$257,662.98	11406	162107	331692	010547	00000000	000000	00000000		

**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	Accounting Codes								
				Amount	Fund	Center	Account	Project *	Activity	Interfund	Future	
				Total:	\$332,229.55							
Exp	Community Services Grants	PRSE Adult Services Grants-Other Human Services/Social Services 3-B Nutrition 3C ARP Act	Contractual Services	\$332,229.55	11406	162107	534100	010547	00000000	000000	00000000	