

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

Department or Area Responsible for Contract / Compliance / Oversight: Fire and Rescue Council District(s): _____

Reversion of Funds: (if applicable) _____ Fiscal Year(s) of carry over (all-years funds do not require a carryover) _____

Section of Code Being Waived (if applicable): _____ Fund / Center / Account / Project * / Activity / Interfund / Future _____ CIP (yes or no): No

Justification for Waiver: _____

Justification for / Description of Transfer: _____

Appropriate funds for the payment of the PEMT Local Intergovernmental Transfer (IGT) of \$1,625,263.58 as authorized in Ord.2019-852 and the invoice attached. This payment allows the City to participate with the State of Florida, Agency for Healthcare Administration program for Medicaid managed care patients. The program provides supplemental payments for eligible Public Emergency Medical Transport (PEMT) entities that provide transport services to Medicaid beneficiaries. The COJ expects to receive the supplemental payments from the Managed Care Organizations (MCO) once the local share payment above has been completed.

Net Amount Appropriated and/or Transferred: \$1,625,263.58 * 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

Date Rec'd	Date Paid	Approved	Disapproved
5/22/20	5/22/20	<i>[Signature]</i>	
5/26	5/26	<i>[Signature]</i>	
5/26	5/26	<i>[Signature]</i>	
5/26	5/26	<i>[Signature]</i>	

Department Head: _____ Mayor's Office: Keith Powers

Accounting Division: _____ Budget Division: _____

Date of Action By Mayor: _____ Approved: _____

Division Chief: _____ Keith Powers, Director/Fire Chief

Prepared By: _____ April Mitchell

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

TD / BT Number: BT 20-084 Date Initiated: 5/22/20 Phone Number: 630-0209

Budget Transfer Line Item Detail

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

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

						Total: \$1,625,263.58					
						Accounting Codes					
Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
Rev	General Service District	FRRS Rescue and First Aid - Ambulance and Rescue Services	PEMT/MCO Program Funds	\$1,625,263.58	00111	125004	342650	000000	00000000	0000	000000

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

						Total: \$1,625,263.58					
						Accounting Codes					
Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Subobject Title	Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	General Service District	FRRS Rescue and First Aid - Ambulance and Rescue Services	Subsidies & Contributions to Other Govt	\$1,625,263.58	00111	125004	581001	000000	00000000	0000	000000