

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

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

Reversion of Funds: \_\_\_\_\_ Fund / Center / Account / Project \* / Activity / Interfund / Future: N/A  
(if applicable)

Section of Code Being Waived (if applicable): \_\_\_\_\_ CIP (yes or no): Yes

Justification for Waiver: N/A  
Fiscal Year(s) of carry over (all-years funds do not require a carryover): N/A

Justification for / Description of Transfer: \_\_\_\_\_  
 Authorize funding awarded by the Division of State Fire Marshal to procure and build-out a Health and Wellness Center to provide comprehensive occupational health and wellness services to firefighters. The grant begins July 1, 2022, and will continue until completion of the facility. Match of \$2,500,000 is required and an amendment to the current CIP.

Net Amount Appropriated and/or Transferred: \$5,000,000.00  
 \* 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: BT 22-104

Date Rec'd.	Date Fwd.	Approved	Disapproved

Department Head: \_\_\_\_\_  
 Mayor's Office: \_\_\_\_\_  
 Accounting Division: \_\_\_\_\_  
 Budget Division: \_\_\_\_\_

Date of Action By Mayor: \_\_\_\_\_ Approved: \_\_\_\_\_

Division Chief: Keith Powers Date Initiated: \_\_\_\_\_  
 Prepared By: April Mitchell Phone Number: 255-3303

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.

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

						Accounting Codes						
Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Total: \$7,500,000.00	Fund	Center	Account	Project *	Activity	Interfund	Future
Rev	General Fund Operating	Subfund Level Activity	Fund Balance Appropriation	\$2,500,000.00		00111	191009	389010	000000	00000526	00000	0000000
Rev	Grant Capital Improvement Projects	Transfer from General Fund Operating	Interfund Transfer In	\$2,500,000.00		33101	191040	381910	010555	00000000	00111	0000000
Rev	Grant Capital Improvement Projects	Health & Wellness Center	Contribution From State	\$2,500,000.00		33101	127001	334100	010555	00000000	00000	0000000

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

						Accounting Codes						
Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Subobject Title	Amount	Total: \$7,500,000.00	Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	General Fund Operating	Transfer Out	Interfund Transfer Out	\$2,500,000.00		00111	191040	591910	000000	00000000	33101	0000000
Exp	Grant Capital Improvement Projects	Health & Wellness Center	Other Construction Costs	\$5,000,000.00		33101	127001	565050	010555	00000000	00000	0000000