

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

Finance & Administration - Risk Management
Department or Area Responsible for Contract / Compliance / Oversight

Council District(s)

Reversion of Funds: _____
(if applicable) Sub fund / Index code / Sub object / Project Prj-Dtl / Grant Grt-Dtl

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): No

Justification for Waiver

Justification for / Description of Transfer:

1. To increase FY 2020 budget for AFRM581MI - Misc. Insured Programs for Sub object 04519 - Premium Paid-Property by **\$ 1,144,979.00, 04521 - Prem Paid Excess WC Policy by \$5,679, 045; 04560 - Premium Paid Out of State Auto Liab by \$28,910 and 04564 - Premium Paid Excess GL Policy by \$22,275.00.** Total budget increases for AFRM581MI of **\$1,201,843.**
2. To increase FY 20 budget for AFRM581AD - Risk Management Administration for Sub object 03109 - Professional Services by **\$44,610.** The increase is to extend the contract from June 30, 2020 to September 30, 2020 and for additional maintenance needed for the new Risk Management System - Origami. Budgeted amount is lower than the actual expenses.

Total Amount Appropriated: \$1,246,453.00

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: BT20-055

| | Date Rec'd. | Date Fwd. | Approved | Disapproved |
|---------------------|-------------|-----------|----------|-------------|
| Department Head | | | | |
| Mayor's Office | | | | |
| Accounting Division | | | | |
| Budget Division | | | | |

Date of Action By Mayor: _____ Approved: _____

Division Chief: Twane Duckworth

Date Initiated: _____

Prepared By: Bibinia Centeno

Phone Number: 255-5311

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

