City of Jacksonville, Florida
Request for Budget Transfer Form

City Council — Department or Area Responsible for Contract / Compliance / Oversight

CW — Council District(s)

Reversion of Funds: (if applicable) _____ — Fund / Center / Account / Project * / Activity / Interfund / Future

FY 25/26 — 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:

Appropriating $95,000 from funds previously appropritated for an independent consultant to advise City Counil regarding the redevelopment of the stadium for consulting services related to the City's Group Health Plan.

Net Amount Appropriated and/or Transferred: $95,000.00

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

CITY COUNCIL

Requesting Council Member: CM Salem — CM's District: At-Large Group 2

Requesting Council Member: _____ — CM's District: _____

Prepared By: _____ — Ordinance: _____

OFFICE OF THE MAYOR

☐ BUDGET ORDINANCE ☐ TRANSFER DIRECTIVE — TD / BT Number: _____

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

Date of Action By Mayor: _____ — Approved: _____

Division Chief: _____ — Date Initiated: _____

Prepared By: _____ — Phone Number: _____

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.

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 4) the use of fund balance appropriations in all-years funds.

_____ Budget Officer Initials

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

Total: $95,000.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	General Fund Operating	CCSS Council Staff Services	Other Professional Services	$95,000.00	00111	221001	531090	000000	00000000	00000	0000000

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

Total: $95,000.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	General Fund Operating	CCSS Council Member - Legislative	Other Professional Services	$95,000.00	00111	221005	531090	000000	00000000	00000	0000000