

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

Grants and Contract Compliance Division/Finance Department
Department or Area Responsible for Contract / Compliance / Oversight

All
Council District(s)

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

Fiscal Yr(s) of carry over (all-years funds do not require a carryover)
FY 2024/2025

Section of Code Being Waived (if applicable): _____
118.107

CIP (yes or no): _____
No

Justification for Waiver

JU is a non-profit organization and is establishing the Jacksonville University Women's Health Innovation Hub project, which will be dedicated to improving women's health related technology. The City finds that this direct contract is justified because JU intends to make a significant investment in improved women's health related technology, which is vital for health outcomes and will be a unique way for the City to advance as a health care hub and bring additional high paying jobs to the City.

Justification for / Description of Transfer:

Appropriate \$150,000 of JIA CRA returned funding and \$100,000 from the American Rescue Plan Local Assistance and Tribal Consistency Fund (LATCF) to provide \$250,000 to support the Jacksonville University Women's Health Innovation Network accelerator program to spur economic development in the area of FemTech (companies focused on women's health) given that Duval County is a major medical hub.

Net Amount Appropriated and/or Transferred: _____
\$250,000.00

* 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: _____
BT24-114

	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): _____

**Revised Exhibit 1
Rev B.T. 24-114**

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.)

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes							
					Fund	Center	Account	Project *	Activity	Interfund	Future	
				Total: \$250,000.00								
Rev	General Fund Operating	Transfer from JIA CRA	Interfund Transfer In	\$150,000.00	00111	191040	381910	000000	00000000	10804	000000	
Rev	Other Federal, State and Local Grants - ARP SLFRF	American Rescue Plan LATCF	US Department of Treasury	\$100,000.00	11415	194016	331511	010907	00000000	00000	0000000	

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	Amount	Accounting Codes							
					Fund	Center	Account	Project *	Activity	Interfund	Future	
				Total: \$250,000.00								
Exp	General Fund Operating	JU Women's Health Innovation Hub	Subsidies and Contributions to Private Organizations	\$150,000.00	00111	194016	582001	000000	00000000	00000	0000000	
Exp	Other Federal, State and Local Grants - ARP SLFRF	JXMS Citywide Miscellaneous Expenditures - Health Services	Subsidies and Contributions to Private Organizations	\$100,000.00	11415	194016	582001	010907	00000000	00000	0000000	

*Accounting to move actuals for LATCF funds posted to 11415.000000.223210