

City of Jacksonville, Florida  
Request for Budget Transfer Form

② 02-22-2021

Mayor's Office

Department or Area Responsible for Contract / Compliance / Oversight

Council District(s)

Reversion of Funds: \_\_\_\_\_  
(if applicable) Subfund / Indexcode / Subobject / 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

[Empty box for Justification for Waiver]

Justification for / Description of Transfer:

Appropriate funding for the Health Department to support ongoing COVID-19 response efforts.

Total Amount Appropriated: \$100,000.00

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: BT21-046

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head	2/12/21	2/12/21	<i>[Signature]</i>	
Mayor's Office	FEB 22 2021			
Accounting Division	2/12/21	2/12/21	<i>[Signature]</i>	
Budget Division	2-22-21	2-12-21	<i>[Signature]</i>	

*[Signature: Larry Curran]*

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

Approved: \_\_\_\_\_

Division Chief: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Initiated / Requested By (if other than Department): \_\_\_\_\_

APPROVED BY:  
MAYOR'S BUDGET  
REVIEW COMMITTEE

DATE FEB 22 2021

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: \$100,000.00					Accounting Codes						
Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
<del>Exp</del>	General Fund Operations	General Fund Citywide Activities	Transfer From Fund Balance	\$100,000.00	00111	191009	389010	000000	00000526	00000	0000000

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

Total: \$100,000.00					Accounting Codes						
Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Subobject Title	Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	General Fund Operations	Health Department	Subsidies & Contributions to Other Govt	\$100,000.00	00111	109001	581001	000000	00000000	00000	0000000