

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

Department of Finance and Administration  
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)

No

Section of Code Being Waived (if applicable): \_\_\_\_\_

CIP (yes or no): \_\_\_\_\_ No

Justification for Waiver

Justification for / Description of Transfer:

Appropriating \$3,000,000 of Federal CARES Act Grant dollars for additional funding for the Small Business Grant Relief Program (\$2,000,000) and for financial assistance to senior citizens and non-dependent residents with SSA-defined disabilities that are on fixed income (\$1,000,000).

Net Amount Appropriated and/or Transferred: \$3,000,000.00

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

**CITY COUNCIL**

Requesting Council Member: CM Morgan

CM's District: 1

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): \_\_\_\_\_

