

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

⑧ 1-25-2021

Department or Area Responsible for Contract / Compliance / Oversight: Fire and Rescue Department 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) _____
 Section of Code Being Waived (if applicable): _____ CIP (yes or no): N/A
 Justification for Waiver: _____

Justification for / Description of Transfer: _____

Appropriate unbudgeted revenue from the FY 20 Florida's Medicaid Managed Care (MCO) Payment Program and the Certified Public Expenditures (CPE) Program to the Fire and Rescue Department to fund the purchase of Fire apparatus, replacement capital equipment lost in a Ship fire, and provide additional salary/benefits to move one part-time Fire/Rescue EMS Billing and Coding Specialist to a full-time FTE to assist with the recapture of MCO/CPE funds and the Medicare Ground Ambulance Data Collection required to evaluate the extent to which reported costs relate to payment rates under the Medicare Part B Ambulance Fee Schedule (AFS). The City of Jacksonville was chosen for this Medicare Ground Ambulance Data Collection as a round one participant.

Net Amount Appropriated and/or Transferred: \$3,906,140.00 * 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

Date Rec'd.	Date Fwd.	Approved	Disapproved
JAN 9 5 2021		<i>[Signature]</i>	
JAN 19 5 2021		<i>[Signature]</i>	
12-31-20		<i>[Signature]</i>	

Date of Action By Mayor: JAN 2 5 2021 Approved: *[Signature]*

TD / BT Number: BT 21-036

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE
DATE JAN 2 5 2021

Division Chief: Keith Powers
 Prepared By: April Mitchell
 Initiated / Requested By (if other than Department): _____
 Date Initiated: _____
 Phone Number: 630-0209

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	Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	General Fund Operating	Fire & Rescue Office of Director	Salaries Part Time	\$16,711.00	00111	121003	513060	000000	00000000	00000	00000000
Rev	General Fund Operating	Subfund Level Activity	Transfer From Fund Balance	\$679,755.00	00111	191009	389010	000000	00000526	00000	00000000
Rev	General Fund Operating	Rescue and First Aid - Ambulance and Rescue Services	PEMT/MCO Program Funds	\$3,209,674.00	00111	125004	342650	000000	00000000	00000	00000000
Rev	Motor Pool - Vehicle Replacement	Motor Pool - Vehicle Replacement	Interfund-Internal Service Funds	\$3,734,828.00	51102	114001	341200	000000	00000499	00000	00000000

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	Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	General Fund Operating	Fire & Rescue Office of Director	Permanent and Probationary Salaries	\$32,942.00	00111	121003	512010	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire & Rescue Office of Director	Disability Trust Fund-ER	\$104.00	00111	121003	522070	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire & Rescue Office of Director	GEPP Defined Contribution DC-ER	\$8,236.00	00111	121003	522130	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire & Rescue Office of Director	Group Dental Plan	\$90.00	00111	121003	523010	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire & Rescue Office of Director	Group Life Insurance	\$60.00	00111	121003	523030	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire & Rescue Office of Director	Group Hospitalization Insurance	\$5,067.00	00111	121003	523040	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire & Rescue Office of Director	ISA-Fleet Vehicle Replacement	\$3,734,828.00	00111	121003	549521	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire & Rescue Office of Director	Medicare Tax	\$296.00	00111	121003	521020	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire Operations - Fire Control	Specialized Equipment	\$116,000.00	00111	123004	564290	000000	00000000	00000	00000000
Exp	General Fund Operating	Rescue and First Aid - Ambulance and Rescue Services	Specialized Equipment	\$8,517.00	00111	125004	564290	000000	00000000	00000	00000000
Exp	Motor Pool - Vehicle Replacement	Motor Pool - Vehicle Replacement	Mobile Equipment	\$3,734,828.00	51102	114001	564010	000000	00000499	00000	00000000

Total:

\$7,640,968.00

Accounting Codes