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

| Neighborhoods/Mosquito Control Division | ALL |
|---|---|
| Department or Area Responsible for Contract / Compliance / Oversight | Council District(s) |

| Reversion of Funds: (if applicable) | N/A | Yes |
|---|---|---|
| | 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): N/A

CIP (yes or no): _____

Justification for Waiver

N/A

Justification for / Description of Transfer:

Appropriate funding from Florida Department of Agriculture and Consumer Services (FDACS) through the Centers for disease Control and Prevention (CDC) reimbursement grant, contract # 31825, to expenditure account 5521360. CDC reimbursement grant supports laboratories and vector surveillance to protect public health.

Net Amount Appropriated and/or Transferred: $8,131.45

* 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

[X] BUDGET ORDINANCE [ ] TRANSFER DIRECTIVE TD / BT Number: **BT25-093**

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

Date of Action By Mayor: _____ Approved: _____

Division Chief: Randy Wishard Date Initiated: _____

Prepared By: Holli Martin Phone Number: 255-6595

Initiated / Requested By (if other than Department): _____

Revised Exhibit 1
Rev B.T. 25-093
July 14, 2025 - NCSPHS
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## 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: $8,131.45

| Rev Exp | Fund Title | Activity / Grant / Project Title | Line Item / Account Title | Amount | Accounting Codes | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Fund | Center | Account | Project * | Activity | Interfund | Future |
| Rev | Reugulatory and Enviromental Grants | NBMC Mosquito Control-Health Services/Epidemiology and Laboratory | State Department-DER | $8,131.45 | 11411 | 175104 | 334390 | 011167 | 00000000 | 00000 | 0000000 |
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**TRANSFER TO:** (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Total: $8,131.45

| Rev Exp | Fund Title | Activity / Grant / Project Title | Line Item / Account Title | Amount | Accounting Codes | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Fund | Center | Account | Project * | Activity | Interfund | Future |
| Exp | Reugulatory and Enviromental Grants | NBMC Mosquito Control-Health Services/Epidemiology and Laboratory | Other Opertaing Supplies | $8,131.45 | 11411 | 175104 | 552160 | 011167 | 00000000 | 00000 | 0000000 |
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