

13
4-27-26

City of Jacksonville, Florida
Request for Budget Transfer Form

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

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

Section of Code Being Waived (if applicable): _____ CIP (yes or no): NO

Justification for Waiver: N/A

Justification for / Description of Transfer:
Budget Transfer (BT) to appropriate and distribute the increase of \$23,417.50 in state awarded funding supporting Mosquito Control Tier II programs, per amended contract # 32911 for FY 2025-2026 and per memorandum from Florida Department of Agriculture and Consumer Services (FDACS), dated March 3, 2026. This BT will be certified as a budget amendment by FDACS.

Net Amount Appropriated and/or Transferred: \$23,417.50

* 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
4-15-26	4-15-26	<i>[Signature]</i>	
4-16-26	4-16-26	<i>[Signature]</i>	
4-16-26	4-20-26	<i>[Signature]</i>	

Department Head _____
Mayor's Office _____
Accounting Division _____
Budget Division _____

Date of Action By Mayor: APR 27 2026

Division Chief: Randy Wishard
Prepared By: Hollie Martin

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

Approved By: *[Signature]*
Date Initiated: 3/25/26
Phone Number: 904-255-6595

TD / BT Number: *BT26-066*

APPROVED BY: MAYOR'S BUDGET REVIEW COMMITTEE
DATE: APR 27 2026

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; whether or not a grant requires a new 1Cloud grant number nor the availability or use of prior-year revenue and/or the use of fund balance appropriations in all-years subfunds.

_____ Budget Officer Initials

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
REV	Mosquito Control State 1	NBMC Mosquito Control - State 1 Funds Health Services	State Department-DER	\$23,417.50	00112	175104	334390	000000	000000000	00000	00000000
Total:				\$23,417.50							

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
EXP	Mosquito Control State 1	NBMC Mosquito Control - State 1 Funds Health Services	Other Operating Supplies	\$23,417.50	00112	175104	552160	000000	000000000	00000	00000000
Total:				\$23,417.50							