

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

Office of Administrative Services/Animal Care & Protective Services  
Department or Area Responsible for Contract / Compliance / Oversight

N/A  
Council District(s)

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

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  
N/A

Justification for / Description of Transfer:

To reduce part-time hours by 7,800. This will allow us to convert 4 hard to fill part-time Animal Placement Assistants and 2 hard to fill part-time Animal Care Assistants into a full time Animal Care Assistant and 2 full time Animal Placement Assistant. RC to be included with submission.

Net Amount Appropriated and/or Transferred: \$123,958.00

\* This element of the account entry 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

TD / BT Number: BT 25-039

Date Rec'd	Date Fed.	Approved	Disapproved
12/19/24	12/19/24	<i>[Signature]</i>	
12-31-24	12/19/24	<i>[Signature]</i>	
12-30-24	1-3-25	<i>[Signature]</i>	

Date of Action By Mayor: JAN 13 2025

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

Division Chief: Michael Butcher, Division Chief-ACPS

Date Initiated: 12/19/24

Prepared By: Rebecca Rawls, Accounting Manager-ACPS

Phone Number: 255-7392

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

APPROVED BY  
MAYOR'S BUDGET  
REVENUE OFFICE

JAN 13 2025

*118*  
*1-13-25*

**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 1 Cloud 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	Fund	Center	Account	Project *	Activity	Interfund	Future
EXP	General Fund Operating	NBAC Animal Care & Protective Svcs Division - Health Services	Salaries Part Time	\$123,958.00	00111	172101	513060	000000	00000000	00000	00000000
				<b>Total:</b>	<b>\$123,958.00</b>						

**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	NBAC Animal Care & Protective Svcs Division - Health Services	Permanent and Probationary Salaries	\$105,358.00	00111	172101	512010	000000	00000000	00000	00000000
EXP	General Fund Operating	NBAC Animal Care & Protective Svcs Division - Health Services	Disability Trust Fund-ER	\$316.00	00111	172101	522070	000000	00000000	00000	00000000
EXP	General Fund Operating	NBAC Animal Care & Protective Svcs Division - Health Services	GEPP Defined Contribution DC-ER	\$12,643.00	00111	172101	522130	000000	00000000	00000	00000000
EXP	General Fund Operating	NBAC Animal Care & Protective Svcs Division - Health Services	Group Life Insurance	\$373.00	00111	172101	523030	000000	00000000	00000	00000000
EXP	General Fund Operating	NBAC Animal Care & Protective Svcs Division - Health Services	Group Hospitalization Insurance	\$5,268.00	00111	172101	523040	000000	00000000	00000	00000000
				<b>Total:</b>	<b>\$123,958.00</b>						