City of Jacksonville, Florida
Request for Budget Transfer Form

Grants and Contract Compliance	CW
Department or Area Responsible for Contract / Compliance / Oversight	Council District(s)

Reversion of Funds: (if applicable) 00111-195001-599100-000000-00000906-00000-0000000
Fund / Center / Account / Project * / Activity / Interfund / Future

25/26
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)

Section of Code Being Waived (if applicable): 118.107, 118.805

CIP (yes or no): No

Justification for Waiver

Section 118.107 is being waived to allow for a direct contract with We Care Jacksonville as they have successfully served as comprehensive fiscal agent and host of the Duval Safety Net Collaborative since 2021 and are prepared to continue operating the program. Section 118.805 is being waived so as not to impact the entity's eligibility to apply for funding under other City grant programs.

Justification for / Description of Transfer:

Appropriating $500,000 from a designated contingency for We Care Jacksonville to continue to act as the host for the JaxCareConnect program with a goal of improving health and wellness for all in the community.

Net Amount Appropriated and/or Transferred: $500,000.00

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

CITY COUNCIL

Requesting Council Member: CM Boylan — CM's District: CD 6

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):

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: $500,000.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	General Fund Operating	Jax Care Connect	Contingency	$500,000.00	00111	194016	599100	000000	00001686	00000	0000000

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Total: $500,000.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	General Fund Operating	Jax Care Connect	Subsidies & Contributions To Private Org	$500,000.00	00111	194016	582001	000000	00001686	00000	0000000