

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

Department of Finance and Administration
Department or Area Responsible for Contract / Compliance / Oversight

All
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)
No

Section of Code Being Waived (if applicable): _____

CIP (yes or no): No

Justification for Waiver

Justification for / Description of Transfer:

Appropriating \$3,000,000 of General Fund/GSD Fund Balance (i.e. operating reserves) for additional funding for the Small Business Grant Relief Program (\$2,000,000) and for financial assistance to senior citizens and non-dependent residents with SSA-defined disabilities that are on fixed income (\$1,000,000).

Net Amount Appropriated and/or Transferred: \$3,000,000.00

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

CITY COUNCIL

Requesting Council Member: CM Morgan

CM's District: 1

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): _____

