

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

⑧ 1-25-2021

Fire and Rescue Department
Department or Area Responsible for Contract / Compliance / Oversight

Council District(s)

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

Section of Code Being Waived (if applicable): _____

Justification for Waiver _____

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

CIP (yes or no): N/A

Justification for / Description of Transfer:

Appropriate unbudgeted revenue from the FY 20 Florida's Medicaid Managed Care (MCO) Payment Program and the Certified Public Expenditures (CPE) Program to the Fire and Rescue Department to fund the purchase of Fire apparatus, replacement capital equipment lost in a Ship fire, and provide additional salary/benefits to move one part-time Fire/Rescue EMS Billing and Coding Specialist to a full-time FTE to assist with the recapture of MCO/CPE funds and the Medicare Ground Ambulance Data Collection required to evaluate the extent to which reported costs relate to payment rates under the Medicare Part B Ambulance Fee Schedule (AFS). The City of Jacksonville was chosen for this Medicare Ground Ambulance Data Collection as a round one participant.

Net Amount Appropriated and/or Transferred: \$3,906,140.00

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

RC21-061

CITY COUNCIL

Requesting Council Member: _____
Requesting Council Member: _____

Prepared By: _____
Prepared By: _____

CM's District: _____
CM's District: _____
Ordinance: _____

BUDGET ORDINANCE TRANSFER DIRECTIVE

OFFICE OF THE MAYOR

Date Rec'd.	Date Forw.	Approved	Disapproved
JAN 9 5 2021		<i>[Signature]</i>	
JAN 25 2021		<i>[Signature]</i>	
12-31-20		<i>[Signature]</i>	

Approved: _____

[Signature]

TD / BT Number: BT21-036

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

Date of Action By Mayor: JAN 25 2021

Division Chief: Keith Powers
Prepared By: April Mitchell
Initiated / Requested By (if other than Department): _____

Date Initiated: _____
Phone Number: 630-0209

**APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE**
DATE JAN 25 2021

Budget Transfer Line Item Detail

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

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
				\$7,640,968.00							
Exp	General Fund Operating	Fire and Rescue Office of Director	Salaries Part Time	\$16,711.00	00111	121003	513060	000000	00000000	00000	00000000
Rev	General Fund Operating	Subfund Level Activity	Transfer From Fund Balance	\$3,889,429.00	00111	191009	389010	000000	00000526	00000	00000000
Rev	Motor Pool - Vehicle Replacement	Motor Pool - Vehicle Replacement	Interfund-Internal Service Funds	\$3,734,828.00	51102	114001	341200	000000	00000499	00000	00000000

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
				\$7,640,968.00							
Exp	General Fund Operating	Fire and Rescue Office of Director	Permanent and Probationary Salaries	\$32,942.00	00111	121003	512010	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire and Rescue Office of Director	Disability Trust Fund-ER	\$104.00	00111	121003	522070	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire and Rescue Office of Director	GEPP Defined Contribution DC-ER	\$8,236.00	00111	121003	522130	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire and Rescue Office of Director	Group Dental Plan	\$90.00	00111	121003	523010	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire and Rescue Office of Director	Group Life Insurance	\$60.00	00111	121003	523030	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire and Rescue Office of Director	Group Hospitalization Insurance	\$5,067.00	00111	121003	523040	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire and Rescue Office of Director	ISA-Fleet Vehicle Replacement	\$3,734,828.00	00111	121003	549521	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire and Rescue Office of Director	Medicare Tax	\$296.00	00111	121003	521020	000000	00000000	00000	00000000
Exp	General Fund Operating	Fire Operations - Fire Control	Specialized Equipment	\$116,000.00	00111	123004	564290	000000	00000000	00000	00000000
Exp	General Fund Operating	Rescue and First Aid - Ambulance and Rescue Services	Specialized Equipment	\$8,517.00	00111	125004	564290	000000	00000000	00000	00000000
Exp	Motor Pool - Vehicle Replacement	Motor Pool - Vehicle Replacement	Mobile Equipment	\$3,734,828.00	51102	114001	564010	000000	00000499	00000	00000000