

City of Jacksonville, Florida
Request for Budget Transfer Form

Public Works

Department or Area Responsible for Contract / Compliance / Oversight

8

Council District(s)

Reversion of Funds:
(if applicable)

N/A

Fund / Center / Account / Project * / Activity / Interfund / Future

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

All-Years

Section of Code Being Waived (if applicable):

N/A

CIP (yes or no):

Yes

Justification for Waiver

Justification for / Description of Transfer:

To appropriate \$500,000 in funding from the Department of Health for a public education campaign for the Dismore Area Sidewalks project.

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 Gaffney

CM's District:

8

Requesting Council Member:

CM's District:

Ordinance:

Prepared By:

BUDGET ORDINANCE

TRANSFER DIRECTIVE

OFFICE OF THE MAYOR

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.)

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Total: \$500,000.00	Accounting Codes							
					Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
Rev	Grant Capital Improvement Projects	Dinsmore Area Sidewalks	Duval County Health Dept - State		\$500,000.00	33101	153101	334694	011020	000000000	00000	0000000
												0000000
												0000000
												0000000
												0000000
												0000000
												0000000
												0000000

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	Total: \$500,000.00	Accounting Codes						
					Amount	Fund	Center	Account	Project *	Activity	Interfund
Exp	Grant Capital Improvement Projects	Dinsmore Area Sidewalks	Other Construction Costs	\$500,000.00	33101	153101	565050	011020	000000000	00000	0000000
											0000000
											0000000
											0000000
											0000000
											0000000
											0000000
											0000000