

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

Office of Economic Development / Equal Business Opportunity Office
Department or Area Responsible for Contract / Compliance / Oversight

CW
Council District(s)

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

FY 26/27
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)

Section of Code Being Waived (if applicable): _____
Justification for Waiver _____

CIP (yes or no): No

Justification for / Description of Transfer:

Appropriating \$200,000 from the Public Service Grant Micro-Grant Program to the Equal Business Opportunity Office to expand services available to Jacksonville Small Emerging Businesses (JSEBs) through a JSEB micro-grant program.

Net Amount Appropriated and/or Transferred: \$200,000.00

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

CITY COUNCIL

Requesting Council Member: _____ CM Freeman

CM's District: At-Large Group 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 |
|-------------|-----------|----------|-------------|
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| | | | |
| | | | |
| | | | |

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): _____

