

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

Medical Examiner  
Department or Area Responsible for Contract / Compliance / Oversight 07  
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)

Section of Code Being Waived (if applicable): \_\_\_\_\_  
Justification for Waiver  
CIP (yes or no): Yes

Justification for / Description of Transfer:

Amend the 2023-2027 Five-Year Capital Improvement Plan project entitled "Medical Examiner Facility 04" so that the project can commence in May 2023. To facilitate construction, this BT will move the FY24 and FY25 CIP appropriation amounts into FY23 and authorize additional funding in FY23 to cover higher than anticipated construction costs.

Net Amount Appropriated and/or Transferred: \$62,814,968.00  
\* This element of the account string is titled project but it houses both projects and grants.

**CITY COUNCIL**

Requesting Council Member: \_\_\_\_\_ CM's District: \_\_\_\_\_  
Requesting Council Member: \_\_\_\_\_ CM's District: \_\_\_\_\_  
Prepared By: \_\_\_\_\_ Ordinance: \_\_\_\_\_

**OFFICE OF THE MAYOR**

BUDGET ORDINANCE     TRANSFER DIRECTIVE    TD / BT Number: BT23-075

	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; whether or not a grant requires a new 1Cloud grant number nor the availability or use of prior-year revenue and/or the use of fund balance appropriations in all-years subfunds.

\_\_\_\_\_ 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	Accounting Codes							
				Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
				Total: #####							
Rev	2023 Authorized Capital Project	Medical Examiner Facility	Long Term Debt Issued - Debt Management Fund Loan Proceeds	\$62,814,968.00	32124	153103	384020	006237	00000000	00000	00000000
Rev	Debt Management Fund	Debt Management Fund	Long Term Debt Issued	\$62,814,968.00	57101	111502	384010	000000	00000000	000000	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	Accounting Codes							
				Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
				Total: #####							
Exp	2023 Authorized Capital Project	Medical Examiner Facility	DM Other Construction Costs	\$62,814,968.00	32124	153103	565051	006237	00000000	00000	00000000
Exp	Debt Management Fund	Debt Management Fund	Loans	\$62,814,968.00	57101	111502	599950	000000	00000000	000000	00000000