

City of Jacksonville, Florida
Request for Budget Transfer Form

Department or Area Responsible for Contract / Compliance / Oversight: _____ 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): _____ N/A Justification for Waiver: _____ CIP (yes or no): _____

Justification for / Description of Transfer: _____

Appropriate funds from the American Rescue Plan Local Assistance and Tribal Consistency Fund (LATCF) to support the Jacksonville University Women's Health Innovation Network accelerator program to spur economic development in the area of FemTech (companies focused on women's health) given that Duval County is a major medical hub.

Net Amount Appropriated and/or Transferred: \$100,000.00

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

Date Rec'd.	Date Fwd.	Approved	Disapproved
5/15/24	5/15/24	<i>Donna Deegan</i>	
5/15/24	5/16/24	<i>Marcia Saulo</i>	
5-15-24	5-16-24		

Date of Action By Mayor: MAY 28 2024 Approved: _____

Division Chief: _____ Date Initiated: 5/3/24
 Prepared By: Marcia Saulo Phone Number: 904-255-5261

Initiated / Requested By (if other than Department): _____

APPROVED BY: _____
 MAYOR & BUDGET REVIEW COMMITTEE

DATE: MAY 28 2024

3
5-28-24

Budget Transfer Line Item Detail

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	Center / Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Accounting Codes				Future	
							Account	Project *	Activity	Interfund		
	American Rescue Plan LATCF	Local Assistance and Tribal Consistency Fund (LATCF)	US Department of Treasury	\$100,000.00	11415	194016	331511	010907	00000000	000000	00000000	00000000
												00000000
												00000000
												00000000
												00000000
												00000000
												00000000
Total:				\$100,000.00								

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Rev Exp	Fund Title	Center / Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Accounting Codes				Future	
							Account	Project *	Activity	Interfund		
	American Rescue Plan LATCF	JXMS Citywide Miscellaneous Expenditures - Health Services	Subsidies & Contributions to Private Organizations	\$100,000.00	11415	194016	582001	010907	00000000	000000	00000000	00000000
												00000000
												00000000
												00000000
												00000000
												00000000
												00000000
												00000000
Total:				\$100,000.00								