

City of Jacksonville, Florida
Request for Budget Transfer Form

Neighborhoods Dept. _____ Council District(s) CW

Department or Area Responsible for Contract / Compliance / Oversight _____

Reversion of Funds: 00111-195001-599100-00000526-000000-00000000 Fiscal Yr(s) of carry over (all-years funds do not require a carryover) N/A

(if applicable) Fund / Center / Account / Project * / Activity / Interfund / Future

Section of Code Being Waived (if applicable): 118.107 CIP (yes or no): _____

Justification for Waiver

Waiver is justified because Regional Food Bank of Northeast Florida, Inc. d/b/a Feeding Northeast Florida, has a long standing history of community involvement and providing food insecurity support.

Justification for / Description of Transfer:

Appropriating \$2,000,000 (consisting of \$1,000,000 from General Fund Operating Reserves and \$1,000,000 from a Special Council Reserve created by Ordinance 2025-385-E) to provide funding to Regional Food Bank of Northeast Florida, Inc. d/b/a/ Feeding Northeast Florida for the purchase of food to provide assistance to the community as a whole.

Net Amount Appropriated and/or Transferred: \$2,000,000.00

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

CITY COUNCIL

Requesting Council Member: CM Johnson CM's District: CD 14

Requesting Council Member: _____ CM's District: _____

Prepared By: _____ Ordinance: _____

OFFICE OF THE MAYOR

☐ BUDGET ORDINANCE ☐ TRANSFER DIRECTIVE

Date Rec'd.	Date Fwd.	Approved	Disapproved

Department Head
Mayor's Office
Accounting Division
Budget Division

TD / BT Number: _____

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	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Rev	General Fund Operating	General Fund - General Service District	Transfer From Fund Balance	\$1,000,000.00	00111	191009	389010	000000	00000526	00000	00000000
Exp	General Fund Operating	CCRS Special Council Reserve - Designated - Legislative	Contingency	\$1,000,000.00	00111	291107	599100	000000	00000000	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	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	General Fund Operating	Feeding Northeast Florida	Subsidies & Contributions To Private Org	\$2,000,000.00	00111	111002	582001	000000	00001781	00000	00000000