

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

Public Works

Department or Area Responsible for Contract / Compliance / Oversight

7

Council District(s)

Reversion of Funds:
(if applicable)

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

All years

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

Section of Code Being Waived (if applicable):

CIP (yes or no): YES

Justification for Waiver

Justification for / Description of Transfer:

Appropriating \$10 million from General Fund Operating Reserves to make a contribution to the Shands Jacksonville Medical Center to support the construction of the UF Health Leon L. Haley Jr., MD, Emergency Department and Trauma Center.

Net Amount Appropriated and/or Transferred: \$10,000,000.00

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

CITY COUNCIL

Requesting Council Member:

CM's District:

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

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):

