

6 05-08-2023

City of Jacksonville, Florida
Request for Budget Transfer Form

Florida Department of Health
Department or Area Responsible for Contract / Compliance / Oversight
Council District(s)
Reversion of Funds: (if applicable) Fund / Center / Account / Project * / Activity / Interfund / Future
FY23-24
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)
Section of Code Being Waived (if applicable): N/A
CIP (yes or no): No
Justification for Waiver

NA
Justification for / Description of Transfer:
DOH-Duval will transfer funds to COJ in the amount of 75,000.00 to purchase Agape Health Mobile Unit. The mobile unit purchase from Agape will help aid in decreasing health disparities by increasing access to care within Duval County.
Net Amount Appropriated and/or Transferred: \$75,000.00

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

CITY COUNCIL
Requesting Council Member:
Requesting Council Member:
Prepared By:
CM's District:
CM's District:
Ordinance:

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

Date Rec'd.	Date Fwd.	Approved	Disapproved
4/27/23	4/27/23	<i>[Signature]</i>	
4/25/23	4-27-23	<i>[Signature]</i>	

Date of Action By Mayor: MAY 08 2023
Division Chief: Antonio Nichols, Director Florida Health Department in Duval County
Prepared By: *[Signature]*
Initiated / Requested By (if other than Department):

TD / BT Number: BT23-087

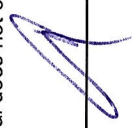
Approved: *[Signature]*
Date Initiated: 05/24/2023
Phone Number: 904-312-3756

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE
MAY 08 2023
DATE

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	Amount	Fund	Center	Accounting Codes				
							Account	Project *	Activity	Future	
Rev	Motor Pool - Vehicle Replacement	Subfund Level Activity - JXSF Citywide - Other General Governmental Services (HW)	Duval County Health Dept - State	\$75,000.00	51102	191009	334694	000000	00000000	000000	00000000
Total:				\$75,000.00							

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

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Accounting Codes				
							Account	Project *	Activity	Future	
Exp	Motor Pool - Vehicle Replacement	Fleet Management - Vehicle Replacement (HW)	Mobile Equipment	\$75,000.00	51102	114001	564010	000000	00000499	000000	00000000
Total:				\$75,000.00							