

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

Finance and Administration Department / Grants Compliance Office
Department or Area Responsible for Contract / Compliance / Oversight

N/A
Council District(s)

Reversion of Funds: _____ (if applicable)
Fund / Center / Account / Project * / Activity / Interfund / Future

N/A
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): No

Justification for Waiver _____

Justification for / Description of Transfer: _____

Appropriating \$1,000,000 from General Fund/General Service District fund balance to be provided to the First Coast Relief Fund to help nonprofit organizations serve individuals and families to address both immediate and long-term unmet needs that arise due to COVID-19.

Net Amount Appropriated and/or Transferred: \$1,000,000.00

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

CITY COUNCIL

Requesting Council Member: _____ CM Boylan
Requesting Council Member: _____
Prepared By: _____

CM's District: _____ 06
CM's District: _____
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: _____
Prepared By: _____

Date Initiated: _____
Phone Number: _____

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

