

City of Jacksonville, Florida  
Request for Budget Transfer Form

Department or Area Responsible for Contract / Compliance / Oversight  
Jacksonville Fire & Rescue

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

Section of Code Being Waived (if applicable): n/a

Justification for Waiver n/a

Justification for / Description of Transfer:

Appropriate interest earnings and prior year rollover funds to provide additional funding for the purchase of two mobile rescue units to improve and enhance the EMS rescue services to the citizens of Duval County, FL. The units are now estimated to be \$6,577.04 more than was originally estimated. Related TD 22-089.

Net Amount Appropriated and/or Transferred: \$6,577.04

\* 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
4/15/22	4/20/22	<i>[Signature]</i>	
3/31/22	4/29/22	<i>[Signature]</i>	

Date of Action By Mayor: APR 25 2022

Division Chief: Chief David Castleman, Rescue

Prepared By: April Mitchell / arh

Initiated / Requested By (if other than Department):

Approved:

*[Signature: Lemmy Curry]*

APPROVED BY: MAYOR'S BUDGET

BT22-076

TD / BT Number:

Date Initiated:

Phone Number: 255-3303

REVIEW COMMITTEE  
DATE  
APR 25 2022

(8)  
4-25-22

n/a  
Council District(s)

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

CIP (yes or no): No

Budget Transfer Line Item Detail

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

**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	Accounting Codes									
				Amount	Fund	Center	Account	Project *	Activity	Interfund	Future		
				Total:	\$6,577.04								
REV	Emergency Medical Services	HRS -EMS -County Grant Award - FRR00111	Transfer from Fund Balance	\$6,367.12	10601	125001	389010	001481	000000000	00000	00000000		
EXP	Emergency Medical Services	HRS -EMS -County Grant Award - FRR00111	Travel Expense	\$98.49	10601	125001	540020	001481	000000000	00000	00000000		
EXP	Emergency Medical Services	HRS -EMS -County Grant Award - FRR00111	Other Operating Supplies	\$111.43	10601	125001	552160	001481	000000000	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	Accounting Codes								
				Amount	Fund	Center	Account	Project *	Activity	Interfund	Future	
				Total:	\$6,577.04							
EXP	Emergency Medical Services	HRS -EMS -County Grant Award - FRR00111	Mobile Equipment	\$6,577.04	10601	125001	564010	001481	000000000	00000	00000000	

Budget Office approval does not confirm the availability or use of; prior-year revenue or fund balance appropriations in all-years subfunds.