

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

Medical Examiner
 Department or Area Responsible for Contract / Compliance / Oversight: 07 Council District(s)
 Reversion of Funds: (if applicable) _____ Fund / Center / Account / Project * / Activity / Interfund / Future: All Years Subfund
 Section of Code Being Waived (if applicable): _____ CIP (yes or no): Yes
 Justification for Waiver: _____

Justification for / Description of Transfer:
 Amend the 2023-2027 Five-Year Capital Improvement Plan project entitled "Medical Examiner Facility.04" so that the project can commence in May 2023. To facilitate construction, this BT will move the FY24 and FY25 CIP appropriation amounts into FY23 and authorize additional funding in FY23 to cover higher-than anticipated construction costs.

Net Amount Appropriated and/or Transferred: \$62,814,968.00
 * 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

Date Rec'd.	Date Filed	Approved	Disapproved
3/30	3/30		

Department Head: _____
 Mayor's Office: _____
 Accounting Division: _____
 Budget Division: _____

Date of Action By Mayor: APR 10 2023
 Division Chief: _____
 Prepared By: _____
 Initiated / Requested By (if other than Department): _____

Approved By: Lenny Curry
 Date Initiated: _____
 Phone Number: _____

TD / BT Number: BT23-075

REVIEW COMMITTEE
 MAYOR'S BUDGET
 APPROVED BY
 DATE: APR 10 2023

Budget Transfer Line Item Detail

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.

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

_____ 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	2023 Authorized Capital Project	Medical Examiner Facility	Long Term Debt Issued - Debt Management Fund Loan Proceeds	\$62,814,968.00	32124	153103	384020	006237	000000000	000000	00000000
Rev	Debt Management Fund	Debt Management Fund	Long Term Debt Issued	\$62,814,968.00	57101	111502	384010	000000	000000000	000000	00000000
Total: \$62,814,968.00											

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	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	2023 Authorized Capital Project	Medical Examiner Facility	DM Other Construction Costs	\$62,814,968.00	32124	153103	565051	006237	000000000	000000	00000000
Exp	Debt Management Fund	Debt Management Fund	Loans	\$62,814,968.00	57101	111502	599650	000000	000000000	000000	00000000
Total: \$62,814,968.00											