

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

Department or Area Responsible for Contract / Compliance / Oversight: City Council Countywide
Council District(s)

Reversion of Funds: N/A Fund / Center / Account / Project * / Activity / Interfund / Future: No
(if applicable)

Section of Code Being Waived (if applicable): None CIP (yes or no): No

Justification for Waiver: N/A

Justification for / Description of Transfer: Appropriates funding (\$1,814,173) and positions (19) for City Council Members

Net Amount Appropriated and/or Transferred: \$1,814,173.00

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

CITY COUNCIL

Requesting Council Member: Finance Committee CM's District: N/A

Requesting Council Member: _____ CM's District: _____

Prepared By: _____ Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head				
Mayor's Office				
Accounting Division				
Budget Division				

TD / BT Number: _____

Date of Action By Mayor: _____ Approved: _____

Division Chief: _____ Date Initiated: _____

Prepared By: _____ Phone Number: _____

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

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	Account	Accounting Codes					
								Project *	Activity	Interfund	Future		
Exp	General Fund/GSD	City Council Reserves	Contingency	\$1,814,173.00	00111	223001	599100	000000	00000000	000000	00000000		
				Total:	\$1,814,173.00								

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	Account	Accounting Codes					
								Project *	Activity	Interfund	Future		
Exp	General Fund/GSD	City Council Direct	Permanent and Probationary Salaries	\$1,106,207.00	00111	223001	512010	000000	00000000	000000	00000000		
Exp	General Fund/GSD	City Council Direct	Payroll Taxes FICA	\$42,863.00	00111	223001	521010	000000	00000000	000000	00000000		
Exp	General Fund/GSD	City Council Direct	Medicare Tax	\$16,083.00	00111	223001	521020	000000	00000000	000000	00000000		
Exp	General Fund/GSD	City Council Direct	FRS Pension ER Contribution	\$470,001.00	00111	223001	522040	000000	00000000	000000	00000000		
Exp	General Fund/GSD	City Council Direct	Disability Trust Fund-ER	\$845.00	00111	223001	522070	000000	00000000	000000	00000000		
Exp	General Fund/GSD	City Council Direct	GEPP Defined Contribution DC-ER	\$32,924.00	00111	223001	522130	000000	00000000	000000	00000000		
Exp	General Fund/GSD	City Council Direct	Group Dental Plan	\$2,195.00	00111	223001	523010	000000	00000000	000000	00000000		
Exp	General Fund/GSD	City Council Direct	Group Life Insurance	\$2,993.00	00111	223001	523030	000000	00000000	000000	00000000		
Exp	General Fund/GSD	City Council Direct	Group Hospitalization Insurance	\$137,615.00	00111	223001	523040	000000	00000000	000000	00000000		
Exp	General Fund/GSD	City Council Direct	City Employees Worker's Compensation	\$2,447.00	00111	223001	524001	000000	00000000	000000	00000000		
				Total:	\$1,814,173.00								