

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

Department or Area Responsible for Contract / Compliance / Oversight: N/A
 Council District(s): N/A

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

Justification for / Description of Transfer:
 To appropriate year one of a four year expansion and sustainability grant from the Department of Health and Human Services Substance Abuse and Mental Health Administration for the Co-designing Rich Environments for All to Thrive Everyday (CREATE) program. The grant period is September 30, 2023 through September 29, 2024. \$1,000,000 per year for four years and \$75,000 will be provided through KHA as a cash match. This grant will provide mental health services for children with serious emotional disturbances, targeting children identified by SAMHSA—children and youth with special health care needs (CYSHCN), youth transitioning from pediatric to adult care (HCT), and LGBTQ+ children and youth. Associated revised RC 24-011.

Net Amount Appropriated and/or Transferred: \$1,075,000.00
 * This element of the account string is titled project but it houses both projects and grants.

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
10/11/23	10/11/23	<i>[Signature]</i>	
10/11/23			<i>HN</i>

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

Date of Action By Mayor: _____ Approved: _____
 Division Chief: _____ Saralyn Grass, CEO
 Prepared By: _____ Jessica Pitts
 Initiated / Requested By (if other than Department): _____

TD / BT Number: BT 24-019
 Date Initiated: 10/9/23
 Phone Number: 904-255-4538

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	Project *	Accounting Codes		
									Activity	Interfund	Future
Rev	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	Department of Health and Human Services	\$1,000,000.00	10902	181307	331690 261420	010836	00000000	00000	00000000
Rev	Kids Hope Alliance Grant	Transfer from KHA Fund	Intrafund Equity Transfer In	\$75,000.00	10902	191040	349920	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	Kids Hope Alliance ESC- Special Needs	Subsidies & Contributions to Private Org	\$75,000.00	10901	181001	582001	000000	00000459	00000	00000000
Rev	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	In-kind Contribution	\$398,423.00	10902	181307	369270	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	In-kind Expenditure Contra	\$398,423.00	10902	181307	597030	010836	00000000	00000	00000000
				Total:	\$1,946,846.00						

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	Project *	Accounting Codes		
									Activity	Interfund	Future
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	Permanent and Probationary Salaries	\$57,800.00	10902	181307	512010	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	Medicare Tax	\$843.88	10902	181307	521020	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	Disability Trust Fund-ER	\$173.40	10902	181307	522070	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	GEPP Defined Contribution DC-ER	\$8,634.80	10902	181307	522130	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	Group Dental Plan	\$180.00	10902	181307	523010	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	Group Life Insurance	\$208.08	10902	181307	523030	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	Group Hospitalization	\$6,760.00	10902	181307	523040	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	City Employer's Workers Compensation	\$387.00	10902	181307	524001	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	General Liability Insurance	\$12.84	10902	181307	545020	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	Subsidies & Contributions to Private Orgs.	\$1,000,000.00	10902	181307	582001	010836	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	Intrafund Transfer Out	\$75,000.00	10901	191040	591920	000000	00000000	00000	00000000
Exp	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	In-kind Contribution Personnel Costs	\$398,423.00	10902	181307	597010	010836	00000000	00000	00000000
Rev	Kids Hope Alliance Grant	SAMHSA- CREATE Program 2023-2027- Year 1	In-kind Expenditure Contra Contribution	\$398,423.00	10902	181307	369280	010836	00000000	00000	00000000
				Total:	\$1,946,846.00						