

City of Jacksonville, Florida
Request for Budget Transfer Form

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

Reversion of Funds: (if applicable) _____ Fund / Center / Account / Project * / Activity / Interfund / Future: _____ Fiscal Yr(s) of carry over (all-years funds do not require a carryover): _____

Section of Code Being Waived (if applicable): _____ N/A Justification for Waiver: _____ CIP (yes or no): _____

Justification for / Description of Transfer: _____

Appropriate funds from the American Rescue Plan Local Assistance and Tribal Consistency Fund (LATCF) to support the Jacksonville University Women's Health Innovation Network accelerator program to spur economic development in the area of FemTech (companies focused on women's health) given that Duval County is a major medical hub.

Net Amount Appropriated and/or Transferred: \$100,000.00

* 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 Fwd.	Approved	Disapproved
5/15/24	5/15/24	<i>Donna Deegan</i>	
5/15/24	5/16/24	<i>Marcia Saulo</i>	
5-15-24	5-16-24		

Date of Action By Mayor: MAY 2 8 2024 Approved: _____

Division Chief: _____ Date Initiated: 5/3/24
 Prepared By: Marcia Saulo Phone Number: 904-255-5261

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

APPROVED BY: _____
 MAYOR & BUDGET REVIEW COMMITTEE

DATE: MAY 2 8 2024

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5-28-24

