

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

3  
5-28-24

