

City of Jacksonville, Florida
Request for Budget Transfer Form

11
10-7-24

Department or Area Responsible for Contract / Compliance / Oversight: Fire and Rescue Department
 Reversion of Funds: N/A
 (if applicable) Fund / Center / Account / Project * / Activity / Interfund / Future
 Section of Code Being Waived (if applicable): N/A
 Justification for Waiver: _____

Council District(s): All
 Fiscal Yr(s) of carry over (all-years funds do not require a carryover): All years fund
 CIP (yes or no): Yes

Justification for / Description of Transfer:

Transfer contingency funding to engineering and design to complete the design work on the First Responder Safe Room project. The grant expiration date has been extended to June 30, 2025 and the use of the contingency funds approved per the contract modification attached.

Net Amount Appropriated and/or Transferred: \$21,465.00

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

CITY COUNCIL

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
		<i>[Signature]</i>	
9-20-22	9/23/24	<i>[Signature]</i>	
9-20-24	9/3/24	<i>[Signature]</i>	

Date of Action By Mayor: OCT 7 2024

Approved: _____

Division Chief: Andre Ayoub, Division Chief of Emergency Preparedness
 Prepared By: April Mitchell

Date Initiated: _____
 Phone Number: x3033

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

TD / BT Number: BT 25-013
TD 24-378

[Signature: Donna Deegan]

APPROVED BY: _____
 MAYOR'S SIGNATURE: _____
 DATE: OCT - 7 2024

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	Accounting Codes									
				Amount	Fund	Center	Account	Project*	Activity	Interfund	Futurs		
				Total:	\$21,465.00								
Exp	Grant Capital Improvement Projects	Hazard Mitigation Grant - Safe Room - HMGP DR 4486-131-R	Contingency	\$21,465.00	33101	127002	599100	010766	000000000	00000	0000000		

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	Accounting Codes								
				Amount	Fund	Center	Account	Project	Activity	Interfund	Future	
				Total:	\$21,465.00							
Exp	Grant Capital Improvement Projects	Hazard Mitigation Grant - Safe Room - HMGP DR 4486-131-R	Engineering & Design	\$21,465.00	33101	127002	565030	010766	000000000	00000	0000000	