# Exhibit 1 Page 1 of 2

# JAN 1 3 2020

# City of Jacksonville, Florida Request for Budget Transfer Form

	FIRE AND RESCUE DEPARTMENT					
De	partment or Area Responsible for Contract / Compliance / Oversight	Council District(s)				
Reversion of Funds: (if applicable)	Subfund / Indexcode / Subobject / Project Prj-Dtl / Grant Grt-Dtl	Fiscal Yr(s) of carry over (all-years funds do not require a carryover				
ection of Code Being Waiv	ed (if applicable):		CIP (yes or no):			
stification for Waiver			W			
stification for / Description	of Transfer:		4-7			
	Stop the Bleed Kits as awarded by the Northeast Florida Regional Council. Funds	must be expended	by May 1, 2020 per the MOA	attached.		
tal Amount Appropriated:	\$7,656.00					
***	CITY COUNCIL					
Requesting Council Memb	per:	CM's District:	-			
Requesting Council Memb	per:	CM's District:				
Prepare	d By:	Ordinance:				
	OFFICE OF THE MAYOR		=144	~		
X BUDGE	TRANSFER DIRECTIVE	TD / BT Number:	BT20-036			
Department Head	c'd. Daté Fwd. Spproved Disapproved			L		
Mayor's Offigen N 1 3	)020 July 1975		_	BY: UDGE		
Accounting Division 12-26	14 12:27-19 00	/	Λ	BY BY		
Budget Division 12-13	3-19		eny winy	D BY: BUDGE		
Date of Action By May	or:JAN 1 3 2020 Approved:	*		PPROVED BY:		
Division Chief: DAVID CAS	STLEMAN, CHIEF OF RESCUE	Date Initiated:	12/11/19	ROV OR'		
Frepared By: APRIL MIT	CHELL	Phone Number:	X0209			
Initiated / Requested By (if	other than Department):					

## **Budget Transfer Line Item Detail**

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

	Total: \$7,656.00 Accounting Codes					s					
Rev Exp	SF ID	Subfund Title	Activity / Grant Title	Line Item / Subobject Title	Amount	Indexcode	Subobject	Project	Prj-Dtl	Grant	Grt- Dtl
Rev	161	Emergency Medical Services	Emergency Services Grants	Contributions from Private Sources	\$7,656.00	FRRS161ES	36602			FRR005	20
		"-"									
		*									
									1		

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

	Total:				\$7,656.00	Accounting Codes					
Rev Exp	SF ID	Subfund Title	Activity / Grant Title	Line Item / Subobject Title	Amount	Indexcode	Subobject	Project	Prj-Dtl	Grant	Grt- Dtl
Ехр	161	Emergency Medical Services	Emergency Services Grants	Medical Supplies	\$7,656.00	FRRS161ES	05217			FRR005	20
			*						14,		
											-