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City of Jacksonville, Florida Request for Budget Transfer Form

Parks, Recreation & Community Services / Social Services
Department or Area Responsible for Contract / Compliance / Oversight

Countrywide
Council District(s)

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

2020-2021
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)

Section of Code Being Waived (if applicable): _____

CIP (yes or no): _____

Justification for Waiver

[Empty box for Justification for Waiver]

Justification for / Description of Transfer:

Appropriate grant funds from the US Department of Health and Human Services for Ryan White HIV/AIDS Program Part A COVID-19 in the amount of \$283,392.00. This award is received for Grant Year 2020/2021. The Grant provides HIV services responding to Coronavirus disease 2019 (COVID-19), and related health and support services to persons living with HIV/AIDS and residing in the Jacksonville Transitional Grant Area composed of Duval, Nassau, and St. Johns Counties. Provides service to target HIV infected and affected persons by COVID-19 and the manner in which we provide HRSA identified services in a safe manner for the Client and Provider. Grant period is April 1, 2020 through March 31, 2021.

Net Amount Appropriated and/or Transferred: \$283,392.00

* 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

TD / BT Number: BT 20-074

	Date Rec'd.	Date Forw.	Approved	Disapproved
Department Head			<i>[Signature]</i>	
Mayor's Office				
Accounting Division				
Budget Division	<u>5-14-2020</u>		<i>[Signature]</i>	

Date of Action By Mayor: _____

Approved: _____

Division Chief: Johnetta Moore *[Signature]*

Date Initiated: 5/12/20

Prepared By: Sandy Arts

Phone Number: 255-3342

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

Budget Transfer Line Item Detail

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

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	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
				Total: \$283,392.00							
Rev	Community Service Grants	PRSO Ryan White Care Act of 1990 Title I	Department of Health and Human Services	\$283,392.00	11406	164011	331690	010078	00000000	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 / Subobject Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
				Total: \$283,392.00							
Exp	Community Service Grant	PRSO Ryan White Care Act of 1990 Title I	Other - Professional Services	\$283,392.00	11406	164011	531090	010078	00000000	00000	0000000