City of Jacksonville, Florida Request for Budget Transfer Form

•			Initiated / Requested By (if other than Department):	Initiated / Requested
	Phone Number:			Prepared By:
	Date Initiated:			Division Chief:
		Approved:	By Mayor:	Date of Action By Mayor:
				Budget Division
				Accounting Division
				Mayor's Office
				Department Head
	TD / BT Number:	TRANSFER DIRECTIVE Approved Disapproved	BUDGET ORDINANCE TRANSFE	
		OFFICE OF THE MAYOR	J]
	Claire alce		riapaiau by.	
			reported Ry:	D.
	CM's District:		Member:	Requesting Council Member:
9	CM's District:	CM Garrett Dennis	Member:	Requesting Council Member:
		CITY COUNCIL		
* This element of the account string is titled project but it houses both projects and grants.	* This element of the acc both projects and grants.	\$500,000.00	Net Amount Appropriated and/or Transferred:	Net Amount Appropria
I Services District Fund Balance to reimburse JEA for burse JEA \$50 per customer which is the amount needed clude those who are already participating in the JEA's ants going forward.	al Services District Fumburse JEA \$50 per onclude those who are tents going forward.	To appropriate \$250,000 from Social Services General Assistance and \$250,000 from the General Fund/General Services District Fund Balance to reimburse JEA for assisting customers who are facing disconnection of their electric, water and sewer services. The City would reimburse JEA \$50 per customer which is the amount needed to allow the utilities to not be cut-off. Customers who are eligible for the \$50 credit to be paid by the City would include those who are already participating in the JEA's prepayment plan program, have failed to continue those payments and have contacted JEA to reestablish payments going forward.	00 from Social Services General Associated and social Services General Associated are facing disconnection of their cost be cut-off. Customers who are earn, have failed to continue those particular and social sociali	To appropriate \$250,00 assisting customers who to allow the utilities to no prepayment plan progra
			iption of Transfer:	Justification for / Description of Transfer:
				Justification for Waiver
CIP (yes or no): No			Waived (if applicable):	Section of Code Being Waived (if applicable):
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)	Fiscal Yr(s) of cal	Fund / Center / Account / Project * / Activity / Interfund / Future	Fund / Center / Accou	Reversion of Funds:
Council District(s)		Department or Area Responsible for Contract / Compliance / Oversight	Department or Area Responsible f	
All		Finance and Administration	Finance and	

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

			Rev	Exp	Rev	
			General Fund Operating	General Fund Operating	Fund Title	
			Subfund Level Activities	Social Services General Assistance	Activity / Grant / Project Title	
			Transfer from Fund Balance	Welfare - Utilities and Other	Line Item / Account Title	Total:
			\$250,000.00 00111 191009 389010 000000 00000526 00000	\$250,000.00 00111 164017 549013 000000 00000000 00000 0000000	Amount	\$500,000.00
			00111	00111	Fund	
			191009	164017	Center	
			389010	549013		A
			000000	000000	Project *	Accounting Codes
			00000526	00000000	Account Project * Activity Interfund Future	Codes
			00000	00000	Interfund	
			0000000	0000000	Future	

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

Total: \$500			Total:	\$500,000.00			Ac	Accounting Codes	odes	
Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Account	Project *	Account Project * Activity	Interfund
	General Fund Operating	JEA Pre-Pay Grant Program	Welfare - Utilities and Other	\$500,000.00 00111		194010	549013	000000	000000 00001666	00000