

11

### City of Jacksonville, Florida Request for Budget Transfer Form

MILITARY AFFAIRS AND VETERANS DEPARTMENT  
Department or Area Responsible for Contract / Compliance / Oversight

n/a  
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): \_\_\_\_\_

CIP (yes or no): NO

Justification for Waiver

\_\_\_\_\_

Justification for / Description of Transfer:

Requesting authority to authorize funds from the United Way of Northeast Florida, Inc. into an expense account. This request is necessary in order to utilize these funds to assist area Veterans in accordance with the attached guidelines between the United Way of Northeast Florida Funding Agreement and the City of Jacksonville, Military Affairs and Veterans Department. No fiscal impact on the City of Jacksonville.

Net Amount Appropriated and/or Transferred: \$5,000.00

\* 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

TD / BT Number: BT20-080

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head	5/18/20	6/5/20	<i>[Signature]</i>	
Mayor's Office	8/2020		<i>[Signature]</i>	
Accounting Division		6/11/20	<i>[Signature]</i>	
Budget Division			<i>[Signature]</i>	

Date of Action By Mayor: JUN - 8 2020

Approved: *[Signature]*

Division Chief: Bill Spann, Director of Military Affairs and Veterans

Date Initiated: 5/18/20

Prepared By: MALA D. ARMOGAN

Phone Number: 904-255-5533

Initiated / Requested By (if other than Department): \_\_\_\_\_

APPROVED BY:  
MAYOR'S BUDGET  
REVIEW COMMITTEE

DATE JUN - 8 2020

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:	\$5,000.00							
REV	COMMUNITY SERVICES GRANTS	United Way of Northeast Florida, Inc. Veterans	Contributions From Private Sources	\$5,000.00	11406	183104	366020	000000	00001665	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:	\$5,000.00							
EXP	COMMUNITY SERVICES GRANTS	United Way of Northeast Florida, Inc. Veterans	Trust Fund Authorized Expenditures	\$5,000.00	11406	183104	549006	000000	00001665	00000	0000000	