City of Jacksonville, Florida Request for Budget Transfer Form

Initiated / Requested By (if other than Department):	Prepared By:	Division Chief:	Date of Action By Mayor: Approved:	Budget Division	Accounting Division	Mayor's Office	Department Head	Date Rec'd. Date Fwd. Approved Disapproved	BUDGET ORDINANCE TRANSFER DIRECTIVE	OFFICE OF THE MAYOR	Prepared By:	Requesting Council Member:	Requesting Council Member:CM Morgan	CITY COUNCIL	Net Amount Appropriated and/or Transferred: \$3,000,000.00	Appropriating \$3,000,000 of General Fund/GSD Fund Balance (i.e. operating reserves) for additional funding for the Small Business Grant for financial assistance to senior citizens and non-dependent residents with SSA-defined disabilities that are on fixed income (\$1,000,000).	Justification for / Description of Transfer:	listification for Waiver	Section of Code Being Waived (if applicable):	Reversion of Funds: Fund / Center / Account / Project * / Activity / Interfund / Future	Department or Area Responsible for Contract / Compliance / Oversight
			Approved:							OFFICE OF THE MAYOR			CM Morgan	CITY COUNCIL	\$3,000,000.00	e (i.e. operating reserves) for additional funding for the Sresidents with SSA-defined disabilities that are on fixed i				Project * / Activity / Interfund / Future	Contract / Compliance / Oversight
	Phone Number:	Date Initiated:							TD / BT Number:		Ordinance:	CM's District:	CM's District: 1		*This element of the account string is titled project but it houses both projects and grants.	the Small Business Grant Relief Program (\$2,000,000) and ixed income (\$1,000,000).		;	CIP (yes or no): No	No Fiscal Yr(s) of carry over (all-years funds do not require a carryover)	Council District(s)

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

				Exp	Exp	Rev Exp		RAN					Rev	Rev		
				GENERAL FUND OPERATING	GENERAL FUND OPERATING	Fund Title		SFER TO: (Revenue line items					GENERAL FUND OPERATING	Fund Title	,	
				Small Business Relief Grant Program	COVID-19 Senior and Disabled Financial Assistance Program	Activity / Grant / Project Title		TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)					SUBFUND LEVEL ACTIVITY	Activity / Grant / Project Title	· ·	
				Miscellaneous Grants & Aids	Miscellaneous Grants & Aids	Line Item / Account Title	Total:	nd expense line items are being approp					TRANSFER FROM FUND BALANCE	Line Item / Account Title	Total:	
				\$2,000,000.00 00111	\$1,000,000.00	Amount	\$3,000,000.00	iated.)	i. 1. 1. 1. 1. 1.				\$3,000,000.00	Amount	\$3,000,000.00	
				00111	00111	Fund	3						00111	Fund		
				194005	191483	Center							191009	Center		
				583010	583010	Account	ccounting Co							389010	Account	Þ
				000000	000000	Project *							000000	Project *	Accounting Codes	
				00001622	00000000	Activity							00000526	Activity	Codes	
				00000	00000	Interfund							00000	Interfund		
CDI				0000000	0000000	Future							0000000	Future		

Revised Exhibit 1 Revised Acct Info

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