City of Jacksonville, Florida Request for Budget Transfer Form

			Initiated / Requested By (if other than Department):
	Phone Number:		Prepared By:
	Date Initiated:		Division Chief:
		Approved:	Date of Action By Mayor:
			Budget Division
			Accounting Division
			Mayor's Office
		Approved Disapproved	Date Rec'd. Date Fwd.
		OFFICE OF THE MAYOR]
	Ordinance:		Prepared Ry:
	CM's District:		Requesting Council Member:
CD 6	CM's District:	CM Boylan	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.	\$200,000.00	Net Amount Appropriated and/or Transferred:
Connect program, a collaborative ember Electronic Health Records g at each of the six clinic sites to	funding for the JaxCareCability in collaborative mability in collaborative mability building	Appropriating \$200,000 from the Social Justice and Community Investment Committee Contingency to provide funding for the JaxCareConnect program, a collaborative system of health care for uninsured residents of Jacksonville. The funding will be used to enhance the interoperability in collaborative member Electronic Health Records System (\$30,000); add a third Patient Health Advocate, including salary, benefits and equipment (\$50,000); and support capacity building at each of the six clinic sites to optimize clinic workflows, offer training, and add staffing hours (\$20,000 per clinic for a total of \$120,000).	Appropriating \$200,000 from the Social Justice and Community Investment Committee Contingency to prostrain the system of health care for uninsured residents of Jacksonville. The funding will be used to enhance the integrated system (\$30,000); add a third Patient Health Advocate, including salary, benefits and equipment (\$50,000 optimize clinic workflows, offer training, and add staffing hours (\$20,000 per clinic for a total of \$120,000).
			Justification for / Description of Transfer:
			Justification for Waiver
CIP (yes or no): No			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 carry c	Fund / Center / Account / Project * / Activity / Interfund / Future	Reversion of Funds: Fund / Center / A
CW Council District(s)		Office of Grants and Contract Compliance, Department of Finance and Administration Department or Area Responsible for Contract / Compliance / Oversight	Office of Grants and Contract Complia Department or Area Responsi

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

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

		1	Π	1		ı —	ı —	
	Rev Exp	EXP						
	Fund Title	General Fund - General Services District						
:	Activity / Grant / Project Title	JaxCareConnect						
Total:	Line Item / Account Title	Subsidies & Contributions To Private Org						
\$200,000.00	Amount	\$200,000.00 00111 194016						
	Fund	00111						
Accounting Codes		194016						
	Account	582001						
	Project *	000000						
	Center Account Project * Activity Interfund Future	582001 000000 00001686 000000 0000000						
	Interfund	000000						
	Future	0000000						
_			_					