

22) 4-12-2021

City of Jacksonville, Florida
Request for Budget Transfer Form

Reversion of Funds: Countywide
(if applicable) Council District(s)

Fund / Center / Account / Project * / Activity / Interfund / Future: 2021-2022
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: _____

Justification for / Description of Transfer: _____

To fund one (1) FTE position of Data and Quality Coordinator as required by Department of Health and Human Services (HHS), to assess the recipient's coordination and monitoring of oversight processes with its sub-recipients throughout the transitional grant area of the Ryan White HIV/AIDS Program Part A. Relocated RC21-100

Original appropriation TD1-119

Net Amount Appropriated and/or Transferred: \$69,385.00

* 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

Date Rec'd.	Date Fwd.	Approved	Disapproved
APR 12 2021	APR 12 2021	[Signature]	
4/14/21	4/15/21	[Signature]	
3/21/21	4/13/21	[Signature]	

Department Head _____
Mayor's Office _____
Accounting Division _____
Budget Division _____

Date of Action By Mayor: APR 12 2021
Johnnetta Moore

Division Chief: _____
Sandy Arts

Prepared By: _____

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

Approved By: Lemy Curry
Date Initiated: 3/30/21
Phone Number: 255-3342

TD / BT Number: BT21-068

APPROVED BY: _____
MAYOR'S BUDGET REVIEW COMMITTEE

DATE: APR 12 2021

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	Fund	Center	Account	Accounting Codes		
								Project *	Activity	Future
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Subsidies & Contributions To Private Org	\$69,385.00	11406	164011	582001	010219	00000000	00000000
Total:				\$69,385.00						

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	Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Permanent and Probationary Salaries	\$55,000.00	11406	164011	512010	010219	00000000	00000	00000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Medicare Tax	\$799.00	11406	164011	521020	010219	00000000	00000	00000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Disability Trust Fund-ER	\$165.00	11406	164011	522070	010219	00000000	00000	00000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	GEPP Defined Contribution DC-ER	\$6,435.00	11406	164011	522130	010219	00000000	00000	00000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Group Dental Plan	\$180.00	11406	164011	523010	010219	00000000	00000	00000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Group Life Insurance	\$97.00	11406	164011	523030	010219	00000000	00000	00000000
Exp	Community Services Grants	Ryan White HIV/AIDS Program Part A	Group Hospitalization Insurance	\$6,709.00	11406	164011	523040	010219	00000000	00000	00000000