City of Jacksonville, Florida Request for Budget Transfer Form

304-233-3201		Patrick "Joey" Greive		Ĕ	initiated / Re
904.286.5281	Phone Number:				Prepared By:
8/6/21	Date Initiated:			#: Marcia Saulo	Division Chief:
		Approved:		Date of Action By Mayor:	Date o
				sion (8-4-2)	Budget Division
				sion \$16/24	Accounting Division
				ffice	Mayor's Office
			Committee Commit	8/6/21	Department Head
		Disapproved	ad. Approved	Date Rec'd. Date Fwd.	
BT21- 112	TD / BT Number:		CE TRANSFER DIRECTIVE	X BUDGET ORDINANCE	
		OFFICE OF THE MAYOR	OFFICE		
	Cignance				
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	CM's District:			Requesting Council Member:	Requesting
	CM's District:			Requesting Council Member:	Requesting
		CITY COUNCIL	CI		
ants.	both projects and grants.	34,000,000.00		ise Chican Abrohims and insistence	Met Still Court
* This element of the account string is titled project but it brusses	• This element of the	2000		horoprieted and/or Trans	Net Amount A
This legislation accepts and appropriates \$4,000,000 in funding provided by the American Rescue Plan of 2021 form the U.S. Department of Treasury to the City of Jacksonville. As detailed in the legislation and the attached line item detail and fact sheet, the funding will address critical needs for the citizens of Jacksonville in the form of adding much needed COVID-19 testing and vaccination capacity to ensure the health and safety of our residents.	form the U.S. Departes critical needs for the second control of th	American Rescue Plan of 2021 act sheet, the funding will addre tealth and safety of our resident	This legislation accepts and appropriates \$4,000,000 in funding provided by the American Rescue Plan of 2021 form the U.S. Department of Treasury to the City of Jacksonville. As detailed in the legislation and the attached line item detail and fact sheet, the funding will address critical needs for the citizens of Jacksonville in the adding much needed COVID-19 testing and vaccination capacity to ensure the health and safety of our residents.	accepts and appropriates s detailed in the legislatio seded COVID-19 testing	This legislation Jacksonville. Av adding much no
				Justification for / Description of Transfer.	Justification for
					Z.
				Waiver	Justification for Waiver
CIP (yes or no): No	•		able):	Section of Code Being Waived (if applicable):	Section of Code
Fiscal Yr(s) of carry over (all-years funds do not require a carryover)	Fiscal Yr(s) of car	nterfund / Future	Fund / Center / Account / Project * / Activity / Interfund / Future		(if applicable)
TI- LOZZ CHRRYOY CK	F7 404		N/A	unds:	Reversion of Funds:
Council District(s)	EV 202	e / Oversight	Department or Area Responsible for Contract / Compliance / Oversight	Department or	
			inance and Administration - Accounting	II.	

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	Fund Tittle		TO: (Revenue line items in this area are being d	The state of the s	Rev American Rescue Plan Local Fiscal Recovery Fund	Fund Title	
	Activity / Grant / Project Tibe		TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense fine items are being appropriated.)	THE PARTY OF THE P	COVID-19 Testing Sites & Other Health Needs	Activity / Grani / Project Title	The state of the s
Contractual Sarvices	Line tem / Subabject Title	Total		i i i i i i i i i i i i i i i i i i i	US Department of Treasury	Line item / Account Title	Total:
	Amount	\$4,000,000.00			\$4,000,000.00	Amount	\$4,000,000.00
	Fund				11415	Fund	
	Center				191477	Center	
200	Account				331511	Account	
	Center Account Project	Accounting Codes			010349	Center Account Project .	Accounting Codes
3	Activity	odes .			010349 00000000		odes
	Activity Interfund Future				00000	Activity Interfund Future	
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