

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

DIA

N/A

Department or Area Responsible for Contract / Compliance / Oversight

Council District(s)

Reversion of Funds:  
(if applicable)

N/A

FY 2024/2025

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:

To appropriate \$125,000 from the City Council - Council President Contingency to provide additional funding to Downtown Vision Inc. for the Ambassador program.

Net Amount Appropriated and/or Transferred: \$125,000.00

\* This element of the account string is titled project but it houses both projects and grants.

**CITY COUNCIL**

Requesting Council Member:

CM M. Carlucci

CM's District: At Large Group 4

Requesting Council Member:

CM's District:

Prepared By:

Ordinance:

**OFFICE OF THE MAYOR**

BUDGET ORDINANCE  TRANSFER DIRECTIVE

TD / BT Number:

Date Rec'd.	Date Fwd.	Approved	Disapproved

Department Head

Mayor's Office

Accounting Division

Budget Division

Date of Action By Mayor:

Approved:

Division Chief:

Date Initiated:

Prepared By:

Phone Number:

Initiated / Requested By (if other than Department):

