

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

Department or Area Responsible for Contract / Compliance / Oversight: N/A Council District(s): N/A

Reversion of Funds: (if applicable) _____ Fund / Center / Account / Project * / Activity / Interfund / Future: N/A

Section of Code Being Waived (if applicable): _____ CIP (yes or no): No

Justification for Waiver: N/A

Justification for / Description of Transfer: To appropriate \$134,615.00, with no local match, from the US Department of Justice for the Jacksonville's Missing Individuals Project grant. Grant period is 10/01/2023-09/30/2026.

Net Amount Appropriated and/or Transferred: \$134,615.00

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

Requesting Council Member: _____ CM's District: _____

Requesting Council Member: _____ CM's District: _____

Prepared By: _____ Ordinance: _____

CITY COUNCIL

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

Date Rec'd.	Date Fwd.	Approved	Disapproved
	11/14/23	<i>[Signature]</i>	
11/28/23	11/28/23	<i>[Signature]</i>	
11/16/23	11/22/23	<i>[Signature]</i>	

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

Date of Action By Mayor: 11/20/23 Approved: _____

Division Chief: William Clement Date Initiated: 11/14/23

Prepared By: Denise Samra Phone Number: 630-7375

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

AD/BT Number: BT24-034

