

City of Jacksonville, Florida
Request for Budget Transfer Form

8
1-8-24

Office of the Sheriff
Department or Area Responsible for Contract / Compliance / Oversight

N/A
Council District(s)

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

N/A

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
N/A

Justification for / Description of Transfer:

To appropriate \$150,000.00, with no local match, from the Florida Department of Law Enforcement for the Fentanyl Overdose Death Investigations (F.O.D.I.) grant. The grant period is 07/01/2023-06/30/2024.

Net Amount Appropriated and/or Transferred: \$150,000.00

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

CITY COUNCIL

Requesting Council Member:
Requesting Council Member:
Prepared By:

CM's District:
CM's District:
Ordinance:

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

Department Head	Date Rec'd.	Date Fwd.	Approved	Disapproved
Mayor's Office	12/19/23		William Clement	
Accounting Division	1/3/24	1/3/24	apn	
Budget Division	1/3/24	1-11-24		

ID / BT Number: BT 24-050

Date of Action By Mayor: JAN 08 2024

Approved: Donna Deegan

Division Chief: William Clement

Date Initiated: 12/19/23

Prepared By: Denise Samra

Phone Number: 630-7375

Initiated / Requested By (if other than Department):

DATE
JAN 08 2024

