City of Jacksonville, Florida
Request for Budget Transfer Form

(4)
4-7-25

Fire and Rescue Department
Department or Area Responsible for Contract / Compliance / Oversight

N/A
Council District(s)

Reversion of Funds: N/A
(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): N/A

CIP (yes or no): No

Justification for Waiver NA

n/a

Justification for / Description of Transfer:

Appropriate funds received from Ace Medical, LLC to dispose of capital outlay items purchased in Fiscal Year 2023-2024 under an Opioid Settlement Proceeds Grant (OSG) Agreement in accordance with Section XV of the agreement as well as Sec. 118.301 (a) (4).

Net Amount Appropriated and/or Transferred: $26,850.63

* 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

[x] BUDGET ORDINANCE [ ] TRANSFER DIRECTIVE TD / BT Number: BT25-069

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head		3/25/25	Jacob Bowling	
Mayor's Office				
Accounting Division	3-27-25	3/27/25		
Budget Division	3-26-25	4-2-25		

Date of Action By Mayor: APR 07 2025 Approved: Donna Deegan

Division Chief: Jake Blanton Date Initiated: _____

Prepared By: April Mitchell Phone Number: _____

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

APPROVED BY: MAYOR'S BUDGET REVIEW COMMITTEE DATE APR 07 2025

Exhibit 1
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Budget Transfer Line Item Detail

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

Budget Office approval does not confirm: whether or not a grant requires a new 1Cloud grant number nor the availability or use of prior-year revenue and/or the use of fund balance appropriations in all-years subfunds.

_____ Budget Officer Initials

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

Total: ~~$15,000.00~~ $26,850.63

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Rev	Opioid Settlement Fund	Citywide Health Services	~~Miscellaneous Settlements~~ * Miscellaneous Sales and Charges	$26,850.63	15111	191023	~~369700~~ *369050	000000	00001855	00000	0000000

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Total: $26,850.63

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	Opioid Settlement Fund	Citywide Health Services	Subsidies & Contrbutions to Private Org.	$26,850.63	15111	191023	582001	000000	00001855	00000	0000000

* Acct. needs to move related Actuals from Acct. 15111-191023-369790-000000-00001855-00000-0000000 *

Exhibit 1
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