

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

Grants and Contract Compliance Division
Department or Area Responsible for Contract / Compliance / Oversight

CW
Council District(s)

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

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
Section 118.107 is being waived because Hope Across the Globe is best suited to perform the program.

Justification for / Description of Transfer:
Appropriates \$50,000 from the designated Special Council Contingency for the 2024/25 Council Strategic Plan to fund a grant to Hope Across the Globe, Inc. for a mental health and behavioral program.

Net Amount Appropriated and/or Transferred: \$50,000.00

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

CITY COUNCIL

Requesting Council Member: _____ CVP Carrico _____ CM's District: 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): _____

