

City of Jacksonville, Florida
Request for Budget Transfer Form

2

Exhibit 1
Page 1 of 2

Judicial Courts
Department or Area Responsible for Contract / Compliance / Oversight

N/A
Council District(s)

Reversion of Funds: _____
(if applicable) Subfund / Indexcode / Subobject / Project Prj-Dtl / Grant Grt-Dtl

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 funding from a SAMHSA grant provided by the U.S. Department of Health and Human Services. This is a first year disbursement of a five year grant approved through May 30, 2024. This project will expand the collaborative delivery system of population focused care between the Fourth Judicial Circuit and local community-based care agencies, provide evidence-based treatment modalities to 40 unduplicated participants annually with a goal of serving 200 participants during the five-year project, long-term residential treatment services as deemed clinically necessary to achieve the individual goals for each participant prior to transition to an outpatient setting, peer support services, and evidence-based practices (EBPs) to all participants in both group and individual formats.

Total Amount Appropriated: \$394,136.00

CITY COUNCIL

Requesting Council Member: _____

CM's District: _____

Requesting Council Member: _____

CM's District: _____

Prepared By: _____

Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

TD / BT Number: BT19-106

| | Date Rec'd. | Date Fwd. | Approved | Disapproved |
|---------------------|---------------------|----------------|---|-------------|
| Department Head | 7/2/19 | 7/2/19 |  | |
| Mayor's Office | <u>JUL 2 2 2019</u> | | | |
| Accounting Division | <u>7/15/19</u> | <u>7/17/19</u> |  | |
| Budget Division | <u>7-2-19</u> | |  | |

Date of Action By Mayor: JUL 2 2 2019

Approved: 

Division Chief: _____

Date Initiated: _____

Prepared By: Carol Wells

Phone Number: 904-255-2399

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

**APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE**

JUL 2 2 2019

DATE

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2019 JUL 15 AM 10:11

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JUL 9 - 2019
BUDGET DIVISION

Budget Transfer Line Item Detail

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

| Rev Exp | SF ID | Subfund Title | Activity / Grant Title | Line Item / Subobject Title | Amount | Accounting Codes | | | | | | |
|---------|-------|------------------------------|---------------------------|---|--------------|------------------|-----------|---------|---------|--------|---------|--|
| | | | | | | Indexcode | Subobject | Project | Prj-Dtl | Grant | Grt-Dtl | |
| | | | | | Total: | \$394,136.00 | | | | | | |
| Rev | 1F1 | Miscellaneous Grant Projects | Family Drug Court Program | Department of Health and Human Services | \$394,136.00 | COSR1F1ADC | 331690 | | | COS016 | 19 | |
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TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

| Rev Exp | SF ID | Subfund Title | Activity / Grant Title | Line Item / Subobject Title | Amount | Accounting Codes | | | | | | |
|---------|-------|------------------------------|------------------------|-----------------------------|--------------|------------------|-----------|---------|---------|--------|---------|--|
| | | | | | | Indexcode | Subobject | Project | Prj-Dtl | Grant | Grt-Dtl | |
| | | | | | Total: | \$394,136.00 | | | | | | |
| Exp | 1F1 | Miscellaneous Grant Projects | SAMHSA | Professional Services | \$383,355.00 | COSR1F1ADC | 03109 | | | COS016 | 19 | |
| Exp | 1F1 | Miscellaneous Grant Projects | SAMHSA | Contractual Services | \$10,781.00 | COSR1F1ADC | 03410 | | | COS016 | 19 | |
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