

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

Safety and Crime Reduction Commission
Department or Area Responsible for Contract / Compliance / Oversight

RJ
Council District(s)

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

Fiscal Yr(s) of carry over (all-years funds do not require a carryover)
N/A

Section of Code Being Waived (if applicable): _____

CIP (yes or no): _____

Justification for Waiver

Justification for / Description of Transfer:

Appropriating \$100,000 from a designated account for Safety and Crime Reduction Commission to bring awareness about the effects of violence and anxiety. End stigma against seeking mental health; Connect people with resources and services; and Break cycle of generational trauma.

Net Amount Appropriated and/or Transferred: \$100,000.00

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

CITY COUNCIL

Requesting Council Member: _____ Council Member Dr. Rahman Johnson

CM's District: 1/14/00

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): _____

