

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

Finance and Administration Department _____
 Department or Area Responsible for Contract / Compliance / Oversight _____
 Council District(s) _____

CW

Reversion of Funds: _____ Mental Health Offender Program Trust Fund _____
 (if applicable) Fund / Center / Account / Project * / Activity / Interfund / Future _____
 Section of Code Being Waived (if applicable): _____ CIP (yes or no): No

Justification for Waiver _____
 Waive Sec. 118.107 to approve a direct contract with the IM Suzbacher Center for the Mental Health Offender Program.

Justification for / Description of Transfer: _____

Appropriating a total of \$152,500 from the Mental Health Offender Program Trust Fund to fund the continuation of the Mental Health Offender Program. \$62,500 is being appropriated to the Courts to fund a Mental Health Jail Initiative Coordinator position within Courts - Judicial Support, \$45,000 is being appropriated to fund 0.5 FTE position within the State Attorney's Office, and \$45,000 is being appropriated to fund 0.5 FTE position within the Public Defender's Office.

Net Amount Appropriated and/or Transferred: \$152,500.00 _____
 * This element of the account string is titled project but it houses both projects and grants.

CITY COUNCIL

Requesting Council Member: _____ CM Salem _____ CM's District: _____ At Large Group 2 _____
 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): _____

