

City of Jacksonville, Florida
Request for Budget Transfer Form

⑨
3-25-24

Office of the Sheriff
Department or Area Responsible for Contract / Compliance / Oversight N/A
Council District(s) N/A

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) N/A

Section of Code Being Waived (if applicable): N/A
CIP (yes or no): No

Justification for Waiver N/A

Justification for / Description of Transfer:

To appropriate \$150,000.00, with no local match, from the Florida Department of Law Enforcement for the Operation Three Crowns grant. The grant period is 07/01/2023-06/30/2024.

Net Amount Appropriated and/or Transferred: \$150,000.00
* This element of the account string is titled project but it houses both projects and grants.

CITY COUNCIL

Requesting Council Member: _____
Requesting Council Member: _____
Prepared By: _____
CM's District: _____
CM's District: _____
Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

Date Rec'd.	Date Fwd.	Approved	Disapproved
	3/12/24	William Clement	
3/20/24	3/21/24	Denise Samra	
3/21/24	3/21/24	Denise Samra	

Date of Action By Mayor: MAR 25 2024
Division Chief: William Clement
Prepared By: Denise Samra
Initiated / Requested By (if other than Department): _____
Approved: Denise Reegen
Date Initiated: 3/12/24
Phone Number: 630-7375

ALPHABETICALLY
MAYOR'S BUDGET
REVIEW COMMITTEE

TD / BT Number: BT24-091

DATE
MAR 25 2024

