

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

Finance and Administration Department
Department or Area Responsible for Contract / Compliance / Oversight

CW
Council District(s)

Reversion of Funds: _____
(if applicable) Mental Health Offender Program Trust Fund
Fund / Center / Account / Project * / Activity / Interfund / Future

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:

Appropriating a total of \$192,150 from the Mental Health Offender Program Trust Fund to fund the continuation of the Mental Health Offender Program. \$78,750 is being appropriated to the Courts to fund the salary and benefits of a Mental Health Jail Initiative Coordinator position within Courts - Judicial Support, \$56,700 is being appropriated to fund the salary and benefits of 0.5 FTE position within the State Attorney's Office, and \$56,700 is being appropriated to fund the salary and benefits of 0.5 FTE position within the Public Defender's Office.

Net Amount Appropriated and/or Transferred: \$192,150.00

* 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): _____

