

City of Jacksonville, Florida
Request for Budget Transfer Form

Office of the Sheriff
Department or Area Responsible for Contract / Compliance / Oversight

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

Section of Code Being Waived (if applicable):

Justification for Waiver

Justification for / Description of Transfer:

To appropriate \$175,000.00, with no local match, from the Florida Department of Law Enforcement for the State Financial Assistance for Fentanyl Eradication (S.A.F.E) in Florida - Operation Striking Distance grant. The grant period is 01/27/25-6/30/25.

Net Amount Appropriated and/or Transferred: \$175,000.00

* 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
	4/7/25	William Clement	
4-9-25	4/7/25	Donna Deegan	
4-8-25	4-17-25		

Date of Action By Mayor: APR 21 2025

Division Chief: William Clement

Prepared By: Denise Samra

Initiated / Requested By (if other than Department):

TD / BT Number: BT 25-074

Approved By: Donna Deegan

Date Initiated: 4/7/25

Phone Number: 630-7375

APPROVED BY: MAYOR'S BUDGET REVIEW COMMITTEE

DATE: APR 21 2025

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Budget Officer Initials

Total: \$175,000.00

Total: \$1

Exhibit 1
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