

City of Jacksonville, Florida
Request for Budget Transfer Form

Department or Area Responsible for Contract / Compliance / Oversight
Court Administration

Council District(s)
N/A

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)

Section of Code Being Waived (if applicable):

CIP (yes or no):

Justification for Waiver

Justification for / Description of Transfer:

To appropriate funding for a grant from the Department of Children and Families. This is a 3 year grant, beginning December 01, 2024 and ending November 30, 2025 in the amount of \$172,600 per year. Funding will be used to enhance and expand the Mental Health and Adult Drug Court in the Fourth Judicial Circuit, specifically, Clay County, Florida. This includes providing substance abuse treatment, mental health treatment services, and evaluation services that shall be monitored for compliance with the terms and conditions of the grant. There is no City match

Net Amount Appropriated and/or Transferred:

172,600.00

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

CITY COUNCIL

Requesting Council Member:

CM's District:

Requesting Council Member:

CM's District:

Prepared By:

Ordinance:

OFFICE OF THE MAYOR

☐ BUDGET ORDINANCE ☐ TRANSFER DIRECTIVE

TD / BT Number:

8725-081

Department Head	Date Rec'd.	Date Fwd.	Approved	Disapproved
Mayor's Office	4/17/25	4/17/25	<i>Eric Janorbo</i>	
Accounting Division	4-18-25	4/18/25	<i>James Bonting</i>	
Budget Division	4-17-25	4-18-25	<i>Shaneley Boyd</i>	

Date of Action By Mayor: MAY 12 2025

Approved:

Division Chief:

Date Initiated:

Prepared By:

Carol Carver

Phone Number:

904-255-2399

Initiated / Requested By (if other than Department):

APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE

Donna Dye

DATE

MAY 12 2025

Budget Transfer Line Item Detail

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

Budget Office approval does not confirm: 1) whether or not a grant requires a new 1Cloud grant number 2) the availability of prior-year revenue 3) the available fund balance in a non-all-years fund 4) the use of fund balance appropriated in all-years funds.

Budget Officer Initials

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
REV	Miscellaneous Grant Projects	Dept of Children & Family- Adult Drug Court	State Funding Source	\$172,600.00	11401	412009	334652	011090	00000000	00000	0000000
			Dept of Children & Family Svcs				334692				0000000
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TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
EXP	Miscellaneous Grant Projects	Dept of Children & Family- Adult Drug Court	Professional Services	\$172,600.00	11401	412009	531090	011090	00000000	00000	0000000
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