

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

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

Reversion of Funds: N/A  
(if applicable) Fund / Center / Account / Project \* / Activity / Interfund / Future  
Fiscal Yr(s) of carry over (all-years funds do not require a carryover) 11528 is All Years

Section of Code Being Waived (if applicable): 118.107  
CIP (yes or no): No

Justification for Waiver  
This direct contract is justified because I.M. Sulzbacher Center is currently operating the Mental Health Offender Program (MHOP).

Justification for / Description of Transfer:  
To appropriate \$100,000 from the City Council - Council President Contingency to the Mental Health Offender Program (MHOP) for contractual services to provide funding to I.M. Sulzbacher Center for continued operation of the program.

Net Amount Appropriated and/or Transferred: \$100,000.00

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

**CITY COUNCIL**

Requesting Council Member: CP Salem  
Requesting Council Member: \_\_\_\_\_  
Prepared By: \_\_\_\_\_  
CM's District: At Large - Group 2  
CM's District: \_\_\_\_\_  
Ordinance: \_\_\_\_\_

**OFFICE OF THE MAYOR**

BUDGET ORDINANCE  TRANSFER DIRECTIVE

| Date Rec'd. | Date Fwd. | Approved | Disapproved |
|-------------|-----------|----------|-------------|
|             |           |          |             |
|             |           |          |             |
|             |           |          |             |
|             |           |          |             |

Department Head  
Mayor's Office  
Accounting Division  
Budget Division

TD / BT Number: \_\_\_\_\_

Date of Action By Mayor: \_\_\_\_\_ Approved: \_\_\_\_\_  
Division Chief: \_\_\_\_\_ Date Initiated: \_\_\_\_\_  
Prepared By: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Initiated / Requested By (if other than Department): \_\_\_\_\_

