City of Jacksonville, Florida

Request for Budget Transfer Form

Department or Area Responsible for Contract / Compliance / Oversight

Council District(s)

Reversion of Funds: (if applicable)

Fund / Center / Account / Project * / Activity / Interfund / Future

Fiscal Yr(s) of carry over
(Not required for all-years funds)

Section of Code Being Waived: (if applicable)

CIP (yes or no):

Justification for Waiver:

Justification for / Description of Transfer:

Appropriating program funding within the Opioid Settlement Fund - Special Council Contingency.

Net Amount Appropriated and / or Transferred: $5,279,951.00

CITY COUNCIL

Requesting Council Member: CM's District:

Requesting Council Member: CM's District:

Prepared By:

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)

Budget Transfer Line Item Detail

TRANSFER FROM:

Rev / Exp	Fund Title	Activity Title	Line Item / Account Title	Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	Opioid Settlement Fund	Fund Level Activity	Contingency	$5,279,951	15111	191023	599100	000000	00001855	00000	0000000
			TRANSFER FROM Total:	**$5,279,951.00**							

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

TRANSFER TO:

Rev / Exp	Fund Title	ctivity / Grant / Project Ti	Line Item / Account Title	Amount	Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	Opioid Settlement Fund	Fund Level Activity	Subsidies and Contributions to Private Organizations	$5,279,951	15111	191023	582001	000000	00001855	00000	0000000
			TRANSFER TO Total:	**$5,279,951.00**							

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