

City of Jacksonville, Florida  
Request for Budget Transfer Form

Office of the Sheriff  
Department or Area Responsible for Contract / Compliance / Oversight: \_\_\_\_\_ N/A  
Council District(s): \_\_\_\_\_

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

Section of Code Being Waived (if applicable): \_\_\_\_\_ N/A  
CIP (yes or no): \_\_\_\_\_ No

Justification for Waiver  
N/A

Justification for / Description of Transfer:  
To appropriate \$143,617, with no local match, from the Chartrand Family Funds for year two of the Peace Officer Wellness Empathy and Resilience (POWER) program grant. The grant period is 01/01/2024-12/31/2029.

Net Amount Appropriated and/or Transferred: \$143,617.00

\* 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

Date Rec'd.	Date Fwd.	Approved	Disapproved
	2/24/25	William Clement	
2-26-25	2/24/25	<i>[Signature]</i>	
3-26-25	3-3-25	<i>[Signature]</i>	

Date of Action By Mayor: MAR 10 2025

Division Chief: William Clement  
Prepared By: Denise Samra  
Initiated / Requested By (if other than Department): \_\_\_\_\_

BT Number: 18725-057

*[Signature]*  
Date Initiated: 2/24/25  
Phone Number: 630-7375

APPROVED BY: \_\_\_\_\_  
MAYOR'S BUDGET REVIEW COMMITTEE  
DATE: MAR 10 2025

7  
3-10-25

