

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

Neighborhoods - General Trust And Agency _____
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): _____ CIP (yes or no): No

Justification for Waiver _____

Justification for / Description of Transfer:

To appropriate funding from private donations to the Jump Start Program within the Opioid Abuse Program Trust (Sec. 111.250). This program will provide daily living assistance through Northeast Florida Sober Living Alliance by providing individuals suffering from opioid dependence or addiction with daily housing vouchers. The cost per voucher is \$27 and these funds are estimated to assist 37 individuals.

Net Amount Appropriated and/or Transferred: \$5,000.00

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

CITY COUNCIL

Requesting Council Member: _____ CM Salem

CM's District: _____ A-Large

Requesting Council Member: _____

CM's District: _____

Prepared By: _____

Ordinance: _____

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): _____

