

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

Fire Department
Department or Area Responsible for Contract / Compliance / Oversight

CW
Council District(s)

Reversion of Funds: _____ Fund / Center / Account / Project * / Activity / Interfund / Future
(if applicable)

Fiscal Yr(s) of carry over (all-years funds do not require a carryover)
CIP (yes or no): No

Section of Code Being Waived (if applicable): _____
Justification for Waiver

Justification for / Description of Transfer:

Appropriate \$301,038.70 of investment pool earnings (which represents 70% of the unappropriated investment pool earnings) to be used for FY 2024-2025 Opioid Settlement Proceeds Grants Program budget pursuant to Chapter 84, Ordinance Code.

Net Amount Appropriated and/or Transferred: \$301,038.70

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

CITY COUNCIL

Requesting Council Member: _____ CM Salem
Requesting Council Member: _____
CM's District: At Large Group 2
CM's District: _____
Ordinance: _____
Prepared By: _____

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): _____

