

City of Jacksonville, Florida  
Request for Budget Transfer Form

9  
1-8-24

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

Reversion of Funds: \_\_\_\_\_ Fund / Center / Account / Project \* / Activity / Interfund / Future: \_\_\_\_\_  
(if applicable) N/A

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

Justification for Waiver: \_\_\_\_\_  
N/A

Justification for / Description of Transfer: \_\_\_\_\_

To appropriate \$100,000.00, with no local match, from the Florida Department of Law Enforcement for the Fentanyl and Opioid Eradication (F.O.E.) grant. Grant period is 07/01/2023-06/30/2024.

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: \_\_\_\_\_ 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
	12/19/23	William Clement	
1/3/24	1/24	<i>[Signature]</i>	
1/3/24	1-11-24	<i>[Signature]</i>	

TD / BT Number: BT 24-051

Date of Action By Mayor: JAN 08 2024 Approved: *[Signature]*

Division Chief: William Clement Date Initiated: 12/19/23  
Prepared By: Denise Samra Phone Number: 690-7375

Initiated / Requested By (if other than Department): \_\_\_\_\_

DATE: JAN 08 2024

