City of Jacksonville, Florida
Request for Budget Transfer Form

(3)
9-26-22

Judicial Courts	N/A
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 (all-years funds do not require a carryover)

Section of Code Being Waived (if applicable): _____

CIP (yes or no): _____

Justification for Waiver

Justification for / Description of Transfer:

To appropriate funding from a SAMHSA grant provided by the U.S. Department of Health and Human Services. This is fourth year disbursement of a five year grant approved through May 30, 2024. The funding will expand the collaborative delivery system of population focused care between the Courts and local community based care agencies, provide evidence based treatment modalities to 40 unduplicated participants annually with a goal of serving 200 participants during the five year project, long-term residential treatment services as deemed clinically necessary to achieve the individual goals for each participant prior to transition to an outpatient setting, peer support services, and evidence based practices EBPs) to all participants in both group and individual formats.

Net Amount Appropriated and/or Transferred: $394,136.00

* 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

TD / BT Number: ~~TD 22-398~~ BT23-007

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head	8/23/22	8/23/22		
Mayor's Office				
Accounting Division	9/8/22	9/9/22		
Budget Division	9/21/22	9-21-22		

Date of Action By Mayor: SEP 26 2022

Approved: Lenny Curry

APPROVED BY: MAYOR'S BUDGET REVIEW COMMITTEE DATE SEP 26 2022

Division Chief: _____ Date Initiated: _____

Prepared By: Carol Carver Phone Number: 904-255-2399

Initiated / Requested By (if other than Department): _____

Exhibit 1
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Budget Transfer Line Item Detail

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

TRANSFER FROM: (Revenue line items in this area are being appropriated and expense line items are being de-appropriated.)

Total: $394,136.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
REV	Miscellaneous Grant Projects	SAMHSA Adult Drug Court Enhancement	Dept of Health and Human Services	$394,136.00	11401	412009	331690	010632	00000000	00000	All Future

TRANSFER TO: (Revenue line items in this area are being de-appropriated and expense line items are being appropriated.)

Total: $394,136.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
Exp	Miscellaneous Grant Projects	SAMHSA Adult Drug Court Enhancement	Other Professional Services	$383,355.00	11401	412009	531090	010632	00000000	00000	All Future
Exp	Miscellaneous Grant Projects	SAMHSA Adult Drug Court Enhancement	Contractual Services	$10,781.00	11401	412009	534100	010632	00000000	00000	All Future

Exhibit 1
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Budget Office approval does not confirm; whether or not a grant requires a new 1Cloud grant number nor the availability or use of prior-