

City of Jacksonville, Florida
Request for Budget Transfer Form

Office of the Sheriff
Department or Area Responsible for Contract / Compliance / Oversight

Reversion of Funds: _____
(if applicable) Fund / Center / Account / Project * / Activity / Interfund / Future
Section of Code Being Waived (if applicable): _____
Justification for Waiver: _____
N/A

N/A
Council District(s)

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

Justification for / Description of Transfer:

To appropriate \$200,000.00, with no local match, from the Florida Department of Law Enforcement for the Operation Jacob's Ladder grant. The grant period is 07/01/2023-06/30/2024.

Net Amount Appropriated and/or Transferred: _____ \$200,000.00

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

CITY COUNCIL

Requesting Council Member: _____
Requesting Council Member: _____
Prepared By: _____
CM's District: _____
CM's District: _____
Ordinance: _____

OFFICE OF THE MAYOR

☒ BUDGET ORDINANCE ☐ TRANSFER DIRECTIVE

Date Rec'd.	Date Fwd.	Approved	Disapproved
	3/12/24	William Clement	

Date of Action By Mayor: _____ MAR 25 2024
Division Chief: William Clement
Prepared By: Denise Samra
Initiated / Requested By (if other than Department): _____

Exhibit 1

MAR 25 2024

DATE

APPROVED BY: _____
MAYOR'S BUDGET REVIEW COMMITTEE

Donna Deegan
Date Initiated: 3/12/24
Phone Number: 630-7375

TD / BT Number: BT 24-090

8
3-25-24

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Budget Officer Initials

Total:	\$200,000.00
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Reimbursed From FDI

Total: \$200,000.00

Medicare Tax