(9)
3-25-24

City of Jacksonville, Florida
Request for Budget Transfer Form

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

Reversion of Funds: (if applicable) N/A	N/A
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): N/A

CIP (yes or no): No

Justification for Waiver

N/A

Justification for / Description of Transfer:

To appropriate $150,000.00, with no local match, from the Florida Department of Law Enforcement for the Operation Three Crowns grant. The grant period is 07/01/2023-06/30/2024.

Net Amount Appropriated and/or Transferred: $150,000.00

* 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

[X] BUDGET ORDINANCE [ ] TRANSFER DIRECTIVE

TD / BT Number: BT24-091

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head		3/12/24	William Clement	
Mayor's Office				
Accounting Division	3/20/24	3/21/24		
Budget Division	3-14-24	3-27-24		

Date of Action By Mayor: MAR 2 5 2024 Approved: Donna Deegan 3/18/24

Division Chief: William Clement Date Initiated: 3/12/24

Prepared By: Denise Samra Phone Number: 630-7375

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

APPROVED BY MAYOR'S BUDGET REVIEW COMMITTEE DATE MAR 2 5 2024

Exhibit 1

Budget Transfer Line Item Detail

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

Budget Office approval does not confirm; whether or not a grant requires a new 1Cloud grant number nor the availability or use of prior-year revenue and/or the use of fund balance appropriations in all-years subfunds.

_____ Budget Officer Initials

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

Total: $150,000.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
REV	Jacksonville Sheriff's Office Grants	PSBU GRANTS / Operation Three Crowns FY23-24	~~Contribution from State~~ Reimbursement From FDLE	$150,000.00	11407	551102	~~334100~~ 342152	010893	00000000	00000	0000000

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

Total: $150,000.00

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Accounting Codes						
					Fund	Center	Account	Project *	Activity	Interfund	Future
EXP	Jacksonville Sheriff's Office Grants	PSBU GRANTS / Operation Three Crowns FY23-24	Salaries Overtime	$147,856.09	11407	551102	514010	010893	00000000	00000	0000000
EXP	Jacksonville Sheriff's Office Grants	PSBU GRANTS / Operation Three Crowns FY23-24	Medicare Tax	$2,143.91	11407	551102	521020	010893	00000000	00000	0000000