

**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: _____
Prepared By: _____

CM's District: At Large Group 2
CM's District: _____
Ordinance: _____

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): _____

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.)

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Account	Accounting Codes					
								Project *	Activity	Interfund	Future		
				Total: \$301,038.70									
REV	Opioid Settlement Fund	JXSF Citywide Health Services	Investment Pool Earnings	\$301,038.70	15111	191023	361101	000000	00000000	00000	000000		

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

Rev Exp	Fund Title	Activity / Grant / Project Title	Line Item / Account Title	Amount	Fund	Center	Account	Accounting Codes					
								Project *	Activity	Interfund	Future		
				Total: \$301,038.70									
Exp	Opioid Settlement Fund	JXSF Citywide Health Services	Subsidies and Contributions to Private Org.	\$301,038.70	15111	191023	582001	000000	00001855	00000	000000		