

**City of Jacksonville, Florida
Request for Budget Transfer Form**

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

N/A
Council District(s)

Reversion of Funds: _____
(if applicable) Subfund / Indexcode / Subobject / Project Prj-Dtl / Grant Grt-Dtl

subfund 1F7 is an all years fund
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): No

Justification for Waiver

Justification for / Description of Transfer:

To appropriate grant funding, with no local match, from the US Department of Transportation via pass-through from the Florida Department of Transportation. Grant period is 10/01/2019 through 09/30/2020.

Total Amount Appropriated: _____ \$22,500.00

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: BT20-028

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head		10/28/19		
Mayor's Office	<u>NOV 2 2019</u>			
Accounting Division	<u>11/1/19</u>	<u>4/4/19</u>		
Budget Division	<u>10-30-19</u>			

Date of Action By Mayor: NOV 1 2 2019 SL 10/30/19

Approved: _____

Division Chief: William J. Clement

Date Initiated: 10/28/19

Prepared By: Gregory J. Fezell

Phone Number: 630-2217

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

**APPROVED BY:
MAYOR'S BUDGET
REVIEW COMMITTEE**

DATE NOV 1 2 2019

