

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

Finance and Administration Department - Office of Grants and Contract Compliance and
Circuit Court - Judicial Support
Department or Area Responsible for Contract / Compliance / Oversight

CW
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)
N/A

Section of Code Being Waived (if applicable): _____

CIP (yes or no): No

Justification for Waiver _____

Justification for / Description of Transfer:

Appropriating a total of \$400,000 for a Mental Health Offender Pilot Program (\$200,000 from the Office of the Sheriff Pre-Trial Services - Health Services and \$200,000 from the Social Justice and Community Investment Committee Contingency) to fund \$350,000 for a jail diversion program for mentally ill offenders to be operated by the I. M. Sulzbacher Center and \$50,000 to fund a Coordinator contract worker position within Courts - Judicial Support.

Net Amount Appropriated and/or Transferred: \$400,000.00

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

CITY COUNCIL

Requesting Council Member: _____ CM Salem

CM's District: At Large Group 2

Requesting Council Member: _____

CM's District: _____

Prepared By: _____

Ordinance: _____

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

TD / BT Number: _____

Date Rec'd.	Date Fwd.	Approved	Disapproved

Department Head _____
Mayor's Office _____
Accounting Division _____
Budget Division _____

Date of Action By Mayor: _____ Approved: _____

Division Chief: _____

Date Initiated: _____

Prepared By: _____

Phone Number: _____

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

