

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

Department or Area Responsible for Contract / Compliance / Oversight

Council District(s)

Reversion of Funds: (if applicable) Subfund / Indexcode / Subobject / Project Pjt-DII / Grant Gt-DII

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:

Appropriating \$1,467,289 from General Fund/General Service District fund balance to provide funding for a six month pilot program with River Region Human Services to fight the growing opioid epidemic within Duval County.

Total Amount Appropriated: \$1,467,289.00

CITY COUNCIL

Requesting Council Member: CM Guilford

CM's District: 12

Requesting Council Member:

CM's District:

Prepared By:

Ordinance:

OFFICE OF THE MAYOR

BUDGET ORDINANCE TRANSFER DIRECTIVE

TD / BT Number:

Department Head	Date Rec'd.	Date Fwd.	Approved	Disapproved
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):

