

City of Jacksonville, Florida  
Request for Budget Transfer Form

8

Fire and Rescue  
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

\_\_\_\_\_ All-Years Subfund  
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:  
Authorize the first year of The Safe and Healthy Neighborhoods Project grant. The awarded funds will be used to hire one part time Program Director SPE position to complete the scope of work as outlined as well as provide funds for travel, operating supplies and naloxone. The scope includes education on the use of naloxone to first responders and community partners, provides greater access to naloxone to first responders and identified community partners, connects and refers persons with Opioid Use Disorder (OUD) to treatment and recovery services and provides reports on naloxone use, overdose events and develop surveillance and predictive analytics tools. The period of performance is 09/30/2018 - 09/29/2019. Related RC19- 122

Total Amount Appropriated: \$380,908.00

**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: BT19-079

AK

	Date Rec'd.	Date Fwd.	Approved	Disapproved
Department Head				
Mayor's Office	<u>MAR 25 2019</u>	<u>1/11/19</u>	<u>[Signature]</u>	
Accounting Division	<u>3/21/19</u>	<u>3/21/19</u>	<u>[Signature]</u>	
Budget Division	<u>3/21/19</u>		<u>[Signature]</u>	

Date of Action By Mayor: MAR 25 2019 Approved: [Signature]

Division Chief: Chief David Castleman, Rescue Division

Date Initiated: \_\_\_\_\_

Prepared By: April Mitchell/arh

Phone Number: x0209

Initiated / Requested By (if other than Department): \_\_\_\_\_

APPROVED BY:  
MAYOR'S BUDGET  
REVIEW COMMITTEE  
MAR 25 2019  
DATE \_\_\_\_\_

RECEIVED  
GENERAL ACCOUNTING

2019 MAR 20 PM 12:18

*Handwritten notes:*  
Budget Division  
March 18, 2019

RECEIVED

MAR 18 2019

BUDGET DIVISION

*Handwritten signature:*  
[Signature]

