



Levy County Board of County Commissioners Agenda Item Summary Form

1. **Name:** Wilbur Dean
2. **Organization/Title/Telephone:** Levy BOCC/ County Coordinator
3. **Meeting Date:** Tuesday, December 8, 2020
4. **Requested Motion/Action:**
Recognizing Barbara Locke for her 44 years of service at the Levy County Health Department.
5. **Agenda Presentation:** Yes No N/A
6. **Time Requested:** Click or tap to enter a date.
(Request will be granted if Possible) allotted time not more than 15 minutes
7. **Is this Item Budgeted (If Applicable):** Yes No N/A
8. **If no, State Action Required:**
 - a. **Budget Action:**
 - b. **Financial Impact Summary Statement:**
 - c. **Detailed Analysis Attached**
 - d. **Budget Officer Approval:**

If approved enter date: Click or tap to enter a date.
9. **Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)**
10. **Recommended Approval**
 - a. **Department Director:** Yes No N/A
 - b. **County Attorney:** Yes No N/A
 - c. **County Coordinator:** Yes No N/A
 - d. **Other:** Yes No N/A