

Levy County Board of County Commissioners Agenda Item Summary Form

| 1. | Name: | | Alicia Tretheway | | | |
|-------------------|--|--|------------------------------|---------------------|--------|--|
| 2. | Organization/Title/Telephone: | | BOCC/Procurement Coordinator | | | |
| 3. | Meeting Date: | | Tuesday, January 18, 2022 | | | |
| 4. Amen | Reque | ested Motion/Action: sting the Levy County Board of Coun appropriating Contingency Reserves. | ty Commissioners | ' approval of the E | Budget | |
| 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 | | | | tes | |
| 7. | Is this Item Budgeted (If Applicable): | | Yes ⊠ | No □ | N/A □ | |
| 8. | If no, S | 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) | | | | | |
| | | The attached Budget Amendment is to appropriate contingency reserves to process the EDF Grant Agreement for Tri-County Saw Shop in the amount of \$10,000. | | | | |
| 10 |). Recon | nmended 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 □ | |