

## Levy County Board of County Commissioners Agenda Item Summary Form

| 1.                       | Name:  |   | John Meeks                |      |       |  |
|--------------------------|--|---|---------------------------|------|-------|--|
| 2.                       | Organization/Title/Telephone:  |   | BOCC/Commissioner         |      |       |  |
| 3.                       | Meeting Date:  |   | Tuesday, October 17, 2023 |      |       |  |
| 4.                       | Requested Motion/Action:   |   |                           |      |       |  |
| CED.                     | Presenting Letter of Appreciation from Mark Warren, Levy County Extension Office Interim   |   |                           |      |       |  |
| 5.                       | Agenda Presentation:   |   | Yes 🗆                     | No 🗆 | N/A ⊠ |  |
| 6.                       | Time Requested:  |   |                           |      |       |  |
| 0.                       |  | Time Requested: Click or tap to enter a date.<br>(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<br>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 🛛