

## 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, October 17, 2023		
betwe	Reque: en Meri	sted Motion/Action: sting the Levy County Board of Cound dian Behavioral Healthcare, Inc., and Abuse Services.	•	• •	-
5.	Agend	a Presentation:	Yes □	No □	N/A ⊠
6.		Requested: Request will be granted if Possible) a	Click or tap to enter a date. Ilotted 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.	<b>Detailed Analysis Attached</b>			
	d.	<b>Budget Officer Approval:</b>			
If approved enter date: Click or tap to enter a date.					
9.	9. Background: (Why is the action necessary, and what action will be accomplished) supporting documentation must be attached if any)				
	Co	st of Agreement for FY 24 is \$91,932			
10. Recommended Approval					
	a.	Department Director:	Yes ⊠	No □	N/A □
	b.	County Attorney:	Yes ⊠	No □	N/A □
	c.	<b>County Coordinator:</b>	Yes ⊠	No □	N/A □
	d.	Other:	Yes ⊠	No □	N/A □