

## <sup>2</sup> Levy County Board of County Commissioners Agenda Item Summary Form

| 1.                       | Name:  |  | John MacDonald                             |      |       |
|--------------------------|--|--|--|------|-------|
| 2.                       | Organization/Title/Telephone:  |  | Emergency Management/Director/352-486-5213 |      |       |
| 3.                       | Meeting Date:  |  | Tuesday, January 19, 2021                  |      |       |
| 4.                       | <b>Requested Motion/Action:</b><br>Request ratification of Emergency Declarations 2021-003 and 2021-005<br>extending the Local State of Emergency for the Covid-19 Pandemic. |  |  |      |       |
| 5.                       | Agenda Presentation:   |  | Yes 🗆                                      | No 🛛 | N/A □ |
| 6.                       | Time Requested:2 minutes(Request will be granted if Possible) allotted time not more than 15 minutes   |  |  |      |       |
| 7.                       | Is this It   | em Budgeted (If Applicable):           | Yes 🗆                                      | No 🗆 | N/A 🛛 |
| 8.                       | If no, State Action Required:  |  |  |      |       |
|                          | a.   | Budget Action:                         |  |      |       |
|                          |  | 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)                                       |  |  |      |       |
|                          | A necessary step to recover funds spent on the Covid-19 response activities.   |  |  |      |       |
| 10. Recommended Approval |  |  |  |      |       |
|                          | a.   | Department Director:                   | Yes 🗆                                      | No 🗆 | N/A □ |
|                          | b.   | County Attorney:                       | Yes 🗆                                      | No 🗆 | N/A □ |
|                          | С.   | County Coordinator:                    | Yes 🗆                                      | No 🗆 | N/A □ |
|                          | d.   | Other:                                 | Yes 🗆                                      | No 🗆 | N/A □ |