

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

	1.	Name: Organization/Title/Telephone:		Barbara Locke Levy County Health Department/Administrator		
	2.					
	3.	Meetii	ng Date:	Tuesday, October 6, 2020		
	alie	Reques McKell	sted Motion/Action: sting the Levy County Board of Count ips as the Administrator of the Florida			
	5. Agenda Presentation:			Yes □	No □	N/A ⊠
1	6.	Time Requested: (Request will be granted if Possible) all		Click or tap to enter a date. lotted 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.			
!	<ol> <li>Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)</li> <li>Recommended Approval</li> </ol>					
		a.	Department Director:	Yes ⊠	No □	N/A □
		b.	County Attorney:	Yes □	No □	N/A ⊠
		c.	<b>County Coordinator:</b>	Yes ⊠	No □	N/A □
		Ь	Other:	Voc 🏻	No □	N/A 🗆