

Levy County Board of County Commissioners Agenda Item Summary Form

1.	Name:		Wilbur Dean		
2.	Organization/Title/Telephone:		County Coordinator		
3.	Meeting Date:		Tuesday, February 6, 2024		
4. Road N	Reque	sted Motion/Action: sting the Levy County Board of Cour ance Assessment Program from Nab	•		
5.	Agenda Presentation:		Yes □	No □	N/A ⊠
6.	6. Time Requested: Click or tap to (Request will be granted if Possible) allotted time not				ites
7.	Is this Item Budgeted (If Applicable):		Yes ⊠	No ⊠	N/A □
8.	If no, 9	State Action Required:			
	a.	Budget Action:	Budget Amendn	nent Needed (\$1,	100)
	b.	Financial Impact Summary Statement:	Partially Budgeted		
	c.	Detailed Analysis Attached			
	d.	Budget Officer Approval:	Yes		
		If approved en	ter date: Click or ta	p 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)				
	This is necessary for the consultant to be retained to administer the 24-25 fiscal year assessment program and maintain the assessment roll database. No change in cost from last FY.				
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 □

E-mail: levybocc@levycounty.org Website: www.levycounty.org