

Levy County Board of County Commissioners Agenda Item Summary Form

1. Name:Mitch Harrell2. Organization/Title/Telephone:Public Safety/Director/35248652093. Meeting Date:Tuesday, November 5, 2024

4. Requested Motion/Action:

Requesting the Board's approval and the Chair's signature on the Fourth Amendment to the Contract Between the University of Florida Board of Trustees for Medical Director Services for Levy County Department of Public Safety.

| 5. | Agenda Presentation: | Yes 🛛 | No 🗆 | N/A □ | | |
|----|--|---|------|-------|--|--|
| 6. | Time Requested: (Request will be granted if Possible) | Click or tap to enter a date. ed 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: | EnterTextHere | | | | |

| b. | Financial Impact Summary | EnterTextHere | |
|----|----------------------------|---------------|--|
| | Statement: | | |
| c. | Detailed Analysis Attached | EnterTextHere | |

d. Budget Officer Approval: EnterTextHere

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)

This Amendment will allow us to continue our relationship with UF for Medical Director Services which is required for our EMS License.

These services are exempt from competitive procurement per Sec. 2-195(b)(12) of County Code.

10. Recommended Approval

| a. | Department Director: | Yes 🛛 | No 🗆 | N/A □ |
|----|----------------------|-------|------|-------|
| b. | County Attorney: | Yes 🛛 | No 🗆 | N/A □ |
| c. | County Manager: | Yes 🗆 | No 🗆 | N/A □ |
| d. | Other: | Yes 🗆 | No 🗆 | N/A □ |