

Levy County Board of County Commissioners Agenda Item Summary Form

1.	Name:		Christopher Cowart			
2.	Organization/Title/Telephone:		LCSB/Superintendent			
3.	Meeting Date:		Tuesday, February 20, 2024			
4. identif	Reques	sted Motion/Action: sting the Levy County Board of Count month of February 2024 as "Career	•	• •	clamation	
5.	Agenda Presentation:		Yes □	No □	N/A ⊠	
6.	Time Requested: Click or tap to enter a date. (Request will be granted if Possible) allotted time not more than 15 minutes				tes	
7.	Is this	Item Budgeted (If Applicable):	Yes □	No □	N/A ⊠	
8.	If no, S	If no, State Action Required:				
	a.	Budget Action:				
	b.	Financial Impact Summary 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)					
10	. Recom	nmended Approval				
	a.	Department Director:	Yes ⊠	No □	N/A □	
	b.	County Attorney:	Yes ⊠	No □	N/A □	
	c.	County Coordinator:	Yes ⊠	No □	N/A □	
	Ч	Other:	Ves 🕅	No 🗆	N/A □	