



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

1. **Name:** Mitch Harrell
2. **Organization/Title/Telephone:** Public Safety/Director/352-486-5209
3. **Meeting Date:** Tuesday, February 20, 2024
4. **Requested Motion/Action:**  
Requesting the Board to ratify the Department of Health Matching Grant Application.
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
7. **Is this Item Budgeted (If Applicable):** Yes  No  N/A
8. **If no, State Action Required:**
  - a. **Budget Action:** Accept grant funds
  - b. **Financial Impact Summary Statement:** EnterTextHere
  - 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)**

Requesting the Board to ratify the Department of Health Matching Grant Application. The maximum match amount the County would be responsible for if awarded the full amount is \$12,500. This grant will allow Levy County to have standardized mechanical CPR devices at all Fire and EMS agencies across the County.

### 10. Recommended 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