



## 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 2, 2021
4. **Requested Motion/Action:**  
Board approval and the Chairman's signature on the DOH Matching Grant Application for Vents.
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:** EnterTextHere
  - 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)**  

If awarded, this grant would allow for the purchase of ventilators for use on LCDPS ambulances. Max County share (25% of request): \$75,000
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