

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

1.	Name:	John MacDonald			
2.	Organization/Title/Telephone:	Emergency Manag	Emergency Management/Director/352-486-5213		
3. Meeting Date: Tuesday, Ma			2024		
4.	Requested Motion/Action: Request BoCC Approval of the 2023 Statewide Mutual Aid Agreement (SMAA).				
5.	Agenda Presentation:	Yes ⊠	No □	N/A □	
6.	Time Requested:  (Request will be granted if Possik	3 minutes ble) 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:				
	b. Financial Impact Summary Statement:				
	c. Detailed Analysis Attached				
	d. Budget Officer Approval:				
	If approve	d enter date: Click or tap	to enter a date		
9.	Background: (Why is the action nece supporting documentation must be a	•	vill be accompli	shed) (All	
	The SMAA is an essential componerecovery operations. It increases a efforts. The SMAA is intended to a	available resources and in	nproves respon	se and recovery	
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 □	