

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

1.	Name:		Sheriff Bobby McCallum or Nicole Gore			
2.	Organization/Title/Telephone:		Levy County Sheriff's Office			
3.	Meeting Date:		Tuesday, September 3, 2024			
reimbu	BOCC a ursemen	sted Motion/Action: pproval to amend the 23-24 FY Sherit its received from auto insurance clain program funds.		_		
5.	Agenda Presentation:		Yes □	No ⊠	N/A □	
6.	Time Requested: 3 minutes  (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, S	If no, State Action Required:				
	a.	<b>Budget Action:</b>				
	b.	Financial Impact Summary Statement:				
	c.	<b>Detailed Analysis Attached</b>				
	d.	<b>Budget Officer Approval:</b>				
		If approved ente	er date: Click or ta	p 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)					
	Funds received for auto repair claims, workers comp claims and guardian program expenses are reimbursements to LCSO for expenses in FY 23-24.					
10	. Recom	nmended Approval				
	a.	<b>Department Director:</b>	Yes □	No □	N/A □	
	b.	County Attorney:	Yes □	No □	N/A □	
	c.	County Coordinator:	Yes □	No □	N/A □	
	d.	Other:	Yes □	No □	N/A □	