

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

| 1. | Name:   |  | Alicia Tretheway             |      |       |  |
|----|---|--|------------------------------|------|-------|--|
| 2. | Organization/Title/Telephone:   |  | BOCC/Procurement Coordinator |      |       |  |
| 3. | Meeting Date:   |  | Tuesday, February 7, 2023    |      |       |  |
|    | Reques  | sted Motion/Action:<br>sting the Levy County Board of Coun<br>nical Assistance Grant Agreement b<br>f Economic Opportunity (Agreemen | etween Levy Count            | • •  | •     |  |
| 5. | Agenda Presentation:  |  | Yes □                        | No □ | N/A ⊠ |  |
| 6. | <b>Time Requested:</b> 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. <b>Budget Action:</b> Budget Amendment Needed  |  |                              |      |       |  |
|    | b.  | Financial Impact Summary Statement:  |                              |      |       |  |
|    | c.  | <b>Detailed Analysis Attached</b>  |                              |      |       |  |
|    | d.  | <b>Budget Officer Approval:</b>  |                              |      |       |  |
|    |   | 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)                                |  |                              |      |       |  |
|    | Cost Reimbursement Grant Agreement in the amount of \$75,000, to develop a Community Action Plan to aid in restoring historic flows to the Lower Withlacoochee River. |  |                              |      |       |  |
| 10 | Recommended Approval  |  |                              |      |       |  |
|    | a.  | <b>Department Director:</b>  | Yes □                        | No □ | N/A □ |  |
|    | b.  | County Attorney:   | Yes □                        | No □ | N/A □ |  |
|    | c.  | <b>County Coordinator:</b>   | Yes □                        | No □ | N/A □ |  |
|    | d.  | Other:   | Yes □                        | No □ | N/A □ |  |