



## 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 7, 2023

4. **Requested Motion/Action:**  
Requesting the Board's approval and the Chairman's signature on the Department of Health EMS Matching Grant for Ventilators.

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): \$25,000

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