

Levy County Board of County Commissioners Agenda Item Summary Form

1.	Name:		Mike West		
2.	Organization/Title/Telephone:		LCSO – 911 Addressing / 911 Coordinator / 352-486-5214		
3.	Meeting Date:		Tuesday, May 4, 2021		
4.	Requested Motion/Action: Requesting Levy County Board of County Commissioners' approval for the Additional Term and Conditions for Rural and State Grant 21-04-19.				
5.	Agenda Presentation:		Yes ⊠	No □	N/A □
6.	Time Requested: 5 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	State Action Required:			
	a.	Budget Action:			
	b.	Financial Impact Summary Statement:			
	c.	Detailed Analysis Attached			
	d.	Budget Officer Approval:			
		If approved ente	er date: Click or t	ap 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) Signature is required on the Additional Terms and Conditions in order to receive cost reimbursement from the State E911 Board.				
10.	Recom	nmended 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 □