

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

| 1. | Name:   |   | Mike West   |      |       |  |
|----|---|---|---|------|-------|--|
| 2. | Organi  | ization/Title/Telephone:  | LCSO – 911 Addressing / 911 Coordinator /<br>352-486-5214 |      |       |  |
| 3. | Meeti   | ng Date:  | Tuesday, May 4, 2021                                      |      |       |  |
| 4. | Reque   | sted Motion/Action:   |   |      |       |  |
|    | Requesting Levy County Board of County Commissioners' approval for Resolution 2021-048. |   |   |      |       |  |
| 5. | Agend   | a Presentation:   | Yes 🛛   | No 🗆 | N/A □ |  |
| 6. |   | Time Requested: 5 minutes<br>(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. | lf no, S  | State Action Required:  |   |      |       |  |
|    | a.  | Budget Action:  | Budget Amendr   | nent |       |  |
|    | b.  | Financial Impact Summary<br>Statement:  |   |      |       |  |
|    | c.  | Detailed Analysis Attached  |   |      |       |  |
|    | d.  | Budget Officer Approval:  |   |      |       |  |
|    | 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)

This budget amendment is necessary to allow for funds received from the State E911 Board in the form of a Rural County Grant. No matching funds are required.

## **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 □ |