

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

1.	Name:		Diana Sanchez			
2.	Organization/Title/Telephone:		Levy County Clerk/Finance			
3.	Meeting Date:		Tuesday, December 10, 2024			
COMN NUMB	Requesting a sc	sted Motion/Action: sting the Levy County Board of Count rivner's error in Resolution 2024-24 A ERS OF LEVY COUNTY, FLORIDA, CORF -24 WHICH AMENDED THE FINAL BU TE.	A RESOLUTION OF RECTING A SCRIVE	THE BOARD OF C	OUNTY RESOLUTION	
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, S	If no, State Action Required:				
	a.	Budget Action:	Approve the Res	olution as presen	ted	
	b. Financial Impact Summary Scrivner error correction Statement:					
	C.	<b>Detailed Analysis Attached</b>				
	d.	Budget Officer Approval:				
		If approved enter date: Click or tap to enter a date.				
9.	<ol> <li>Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)</li> <li>Scrivner error correction to a prior budget amendment.</li> </ol>					
10	. Recom	imended Approval				
	a.	Department Director:	Yes ⊠	No □	N/A □	
	b.	County Attorney:	Yes ⊠	No □	N/A □	
	c.	County Manager:	Yes ⊠	No □	N/A □	
	d.	Other:	Yes ⊠	No □	N/A □	

E-mail: <a href="mailto:levybocc@levycounty.org">levybocc@levycounty.org</a> Website: <a href="mailto:www.levycounty.org">www.levycounty.org</a>