

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

| 1.                                                                                                                                                                                | Name:                                                                                                                                                                                                                                                                            |                                        | Connie Conley                             |      |       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|------|-------|
| 2.                                                                                                                                                                                | Organization/Title/Telephone:                                                                                                                                                                                                                                                    |                                        | Levy County Transit/Director/352-486-3485 |      |       |
| 3.                                                                                                                                                                                | Meeting Date:                                                                                                                                                                                                                                                                    |                                        | Tuesday, April 7, 2020                    |      |       |
| <ol> <li>Requested Motion/Action:<br/>Requesting Board Approval of Resolution 2020-028 amending the final budget for FY<br/>2019/2020 adding additional grant funding.</li> </ol> |                                                                                                                                                                                                                                                                                  |                                        |                                           |      |       |
| 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:                         |                                           |      |       |
|                                                                                                                                                                                   | b.                                                                                                                                                                                                                                                                               | Financial Impact Summary<br>Statement: |                                           |      |       |
|                                                                                                                                                                                   | с.                                                                                                                                                                                                                                                                               | Detailed Analysis Attached             |                                           |      |       |
|                                                                                                                                                                                   | d.                                                                                                                                                                                                                                                                               | Budget Officer Approval:               |                                           |      |       |
|                                                                                                                                                                                   | If approved enter date: Click or tap to enter a date.                                                                                                                                                                                                                            |                                        |                                           |      |       |
| 9.                                                                                                                                                                                | <ul> <li>Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)</li> <li>Amending the current FY budget to add additional funding approved for the 2019/202 grant application period.</li> </ul> |                                        |                                           |      |       |
|                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                  |                                        |                                           |      |       |
| 10.                                                                                                                                                                               | 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 □ |