

Levy County Board of County Commissioners Agenda Item Summary Form

	1.	Name:		Alicia Tretheway			
	2.	Organization/Title/Telephone:		BOCC/Procurement Coordinator			
	3.	Meetii	ng Date:	Tuesday, September 19, 2023			
Ame	end rust	Reques ment to tees and	sted Motion/Action: sting the Levy County Board of County o the Three-Party Agreement between d Thomas M. Coyne, M.D., PH.D., for the port Services, University Non-Physician	n Levy County and the District Medic	d the University o	f Florida Board ices, University	
	5.	Agend	a Presentation:	Yes □	No □	N/A ⊠	
	6.	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.	3. If no, State Action Required:					
		a.	Budget Action:				
		b.	Financial Impact Summary Statement:				
		c.	Detailed Analysis Attached				
		d.	Budget Officer Approval:				
If approved enter date: Click or tap to enter a date.						•	
	 Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any) 						
10. Recommended Approval							
		a.	Department Director:	Yes ⊠	No □	N/A □	
		b.	County Attorney:	Yes ⊠	No □	N/A □	
		c.	County Coordinator:	Yes ⊠	No □	N/A □	
		Ч	Other:	Voc 🏻	No 🗆	N/A 🗆	