

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, June 22, 2021 | | | |
| 4. | Reques | sted Motion/Action: sting Levy County Board of County Co Grant Agreement, (2) approval of qu Addendum. | | | | |
| 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 | If no, State Action Required: | | | | |
| | a. | Budget Action: | | | | |
| | b. | Financial Impact Summary Statement: | | | | |
| | c. | Detailed Analysis Attached | | | | |
| | d. | Budget Officer Approval: | | | | |
| | | If approved ento | er date: Click or ta | p 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) | | | | | |
| | (1)Signature is required for the Federal NG911 Grant agreement in order to receive cost reimbursement. | | | | | |
| | (2) Approval of the quote is needed to accept the proposal. | | | | | |
| | (3) Signature is necessary on the Addendum to comply with the Federal Agreement. | | | | | |
| 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 □ | |