

Levy County Board of County Commissioners Agenda Item Summary Form

| 1. | Name | | Connie Conley | | | | | |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|------|-------|--|--|--|
| | | | • | | | | | |
| 2. | Organ | ization/Title/Telephone: | Levy County Transit/Director/352-486-3485 | | | | | |
| 3. | Meeti | ng Date: | Tuesday, July 2, 2024 | | | | | |
| 4. | Requested Motion/Action: Requesting Board Approval of Resolution 2024-30, amending the final budget for fiscal year | | | | | | | |
| 2023-2 | 2024. | | | | | | | |
| 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, S | 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. | | | | | | | | |
| 9. | 9. Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any) | | | | | | | |
| | This is for a budget amendment in the amount of \$165,178 for the grant award received for paving the parking lot at the Levy County Transit Facility. | | | | | | | |
| 10. Recommended Approval | | | | | | | | |
| | a. | Department Director: | Yes 🛛 | No 🗆 | N/A □ | | | |
| | h | County Attornov: | Vec M | | | | | |

| • | | | • - |
|---------------------|---------------------|---------------------------|--------------------------------|
| County Attorney: | Yes 🛛 | No 🗆 | N/A □ |
| County Coordinator: | Yes 🛛 | No 🗆 | N/A □ |
| Other: | Yes 🗆 | No 🗆 | N/A □ |
| | County Coordinator: | County Coordinator: Yes 🛛 | County Coordinator: Yes 🛛 No 🗆 |