

Levy County Board of County Commissioners Agenda Item Summary Form

1	L.	Name:		Wilbur Dean			
2	2.	2. Organization/Title/Telephone:		BOCC/County Coordinator			
3	3.	Meetii	ng Date:	Tuesday, October 4, 2022			
Ame of Tr	ndı	Reques ment to ees and	sted Motion/Action: Sting the Levy County Board of County of the Three-Party Agreement between Id William F. Hamilton, M.D. for District es, University Non-Physician Support	n Levy County and ct Medical Examir	d the University oner Services, University	f Florida Board ersity Physicia	
5	5.	Agend	a Presentation:	Yes □	No □	N/A ⊠	
6. Time Requested: Click or tap to enter a da (Request will be granted if Possible) allotted time not more than						tes	
7	7.	Is this	Item Budgeted (If Applicable):	Yes ⊠	No □	N/A □	
8	3.	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 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)				
		The cost of this agreement is \$114,032.76.					
1	10.	Recom	mended 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 □	