



Levy County Board of County Commissioners Agenda Item Summary Form

1. **Name:** Alicia Tretheway
2. **Organization/Title/Telephone:** BOCC/Procurement Coordinator
3. **Meeting Date:** Tuesday, October 8, 2024

4. **Requested Motion/Action:**

Requesting the Levy County Board of County Commissioners' approval of the Funding Agreement between Levy County and Meridian Behavioral Healthcare, Inc., for the provision of Mental Health and Addiction Services.

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 Statement:**
- c. **Detailed Analysis Attached**
- d. **Budget Officer Approval:**

If approved enter date: Click or tap 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)**

Funding for this Agreement is \$91,932.00 and will be billed quarterly in the amount of 22,983.

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