

Levy County Board of County Commissioners Agenda Item Summary Form

| 1. | Name: | | Nicolle Shalley | | | |
|---|---|-------------------------------------|--------------------------------|------|-------|--|
| 2. | Organization/Title/Telephone: | | County Attorney / 352-486-3389 | | | |
| 3. | Meeting Date: | | Tuesday, October 8, 2024 | | | |
| 4. Requested Motion/Action: Requesting the Levy County Board of County Commissioners adopt RESOLUTION NUMBER 2024-64 | | | | | | |
| A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF LEVY COUNTY, FLORIDA, RATIFYING THE DECLARATION OF EMERGENCY ISSUED BY PROCLAMATION OF THE CHAIR; EXTENSIONS OF THE DECLARATION AND ADMINISTRATIVE ORDERS - ALL ISSUED IN RESPONSE TO HURRICANE HELENE; AUTHORIZING CONTINUED COUNTY RESPONSE; PROVIDING AN EFFECTIVE DATE; PROVIDING FOR FILING WITH THE CLERK AND POSTING IN ACCORDANCE WITH FLORIDA STATUTES. | | | | | | |
| 5. | Agend | a Presentation: | Yes ⊠ | No □ | N/A □ | |
| 6. | Time Requested: 2 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, State Action Required: | | | | | |
| | a. | Budget Action: | EnterTextHere | | | |
| | b. | Financial Impact Summary Statement: | EnterTextHere | | | |
| | c. | Detailed Analysis Attached | EnterTextHere | | | |
| | d. | Budget Officer Approval: | EnterTextHere | | | |
| | 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) | | | | | |
| | As required by State law and County Code, Resolution Number 2024-64 ratifies the Emergency Declaration issued by Proclamation of the Chair declaring a local state of emergency for Invest 97L, which became Hurricane Helene (September 2024), along with the Extensions thereof and the Administrative Orders issued by the County Manager. | | | | | |
| 10. Recommended Approval | | | | | | |
| | a. | Department Director: | Yes ⊠ | No □ | N/A □ | |
| | b. | County Attorney: | Yes ⊠ | No □ | N/A □ | |
| | c. | County Manager: | Yes ⊠ | No □ | N/A □ | |
| | d. | Other: | Yes □ | No □ | N/A □ | |