

## Levy County Board of County Commissioners Agenda Item Summary Form

| 1     | . Name                         | e:   | Alicia Tretheway             | /                  |                |  |
|-------|--------------------------------|--|------------------------------|--------------------|----------------|--|
| 2     | . Organ                        | nization/Title/Telephone:  | BOCC/Procurement Coordinator |                    |                |  |
| 3     | . Meet                         | ing Date:  | Tuesday, October 8, 2024     |                    |                |  |
| Progr | Inforn<br>act for tl<br>am (HM | ested Motion/Action:<br>national Item: AC Disaster Consulting<br>ne Dock Street Living Breakwater Shor<br>GP). HMGP Support from AC Disaster<br>e grant is approved. | eline and Infrastr           | ucture Hazard Mi   | tigation Grant |  |
| 5     | . Agen                         | da Presentation:   | Yes □                        | No □               | N/A ⊠          |  |
| 6     |                                | <b>Time Requested:</b> 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.                             | <b>Detailed Analysis Attached</b>  |                              |                    |                |  |
|       | d.                             | <b>Budget Officer Approval:</b>  |                              |                    |                |  |
|       |                                | If approved ente   | <b>er date:</b> Click or ta  | ap 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)                               |                              |                    |                |  |
|       | Co                             | Cost for the services is a Not to Exceed amount of \$156,056.25  |                              |                    |                |  |
| 1     | 0. Recor                       | mmended 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 □          |  |