

Levy County Board of County Commissioners Agenda Item Summary Form

| 1 | . Nam | e: | Alicia Tretheway | | | |
|---|--|--|------------------|------------------|--------------|--|
| 2 | Organization/Title/Telephone: BOCC/Procurement Coordinator | | | | | |
| 3 | 3. Meeting Date: Tuesday, July 21, 2020 | | | 2020 | | |
| | Requ | nested Motion/Action: esting the Levy County Board of Counting the final budget for fiscal year 2019 | • | approval of Reso | lution 2020- | |
| 5 | . Agenda Presentation: | | Yes □ | No □ | N/A ⊠ | |
| 6 | . Time | Time Requested: Click or tap to enter a date. (Request will be granted if Possible) allotted time not more than 15 minutes | | | | |
| 7 | . Is thi | is Item Budgeted (If Applicable): | Yes □ | No □ | N/A ⊠ | |
| 8 | . If no | If no, State Action Required: | | | | |
| | a | . Budget Action: | | | | |
| | b | . Financial Impact Summary Statement: | | | | |
| | С | . 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) | | | | |
| | | This budget amendment is necessary to appropriate the small business relief funding provided via CARES Act Agreement with DEM. | | | | |
| 1 | 0. Reco | mmended Approval | | | | |
| | a | . Department Director: | Yes ⊠ | No □ | N/A □ | |
| | b | . County Attorney: | Yes ⊠ | No □ | N/A □ | |
| | С | . County Coordinator: | Yes ⊠ | No □ | N/A □ | |
| | d | . Other: | Yes □ | No □ | N/A □ | |