



Levy County Board of County Commissioners Agenda Item Summary Form

1. **Name:** Barbara Locke
2. **Organization/Title/Telephone:** Levy County Health Department/Administrator
3. **Meeting Date:** Tuesday, September 8, 2020

4. **Requested Motion/Action:**

Requesting the Levy County Board of County Commissioners' approval of the Annual Contract 20/21 between Levy County and the FL DOH, Levy County Health Department.

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)**

See attached Agreement

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