

d. Other:

1. Name:			John MacDonald			
2. Organization/Title/Telephone:			mergency Management/Director/352-486-5213			
3. Meeting Date:			Tuesday, May 21, 2024			
	4. Requested Motion/Action: Provide an update of the Levy County Local Mitigation Strategy (LMS) Project List.					
5.	5. Agenda Presentation: Yes ⊠ No □ N/A □					
6.	. Time Requested: 3 minutes  (Request will be granted if Possible) allotted time not more than 15 minutes					
7.	7. Is this Item Budgeted (If Applicable): Yes $\square$ No $\square$ N/A $\boxtimes$					
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 enter date: Click or tap to enter a date.						
<ol><li>Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)</li></ol>						
Division submit	on of Eme tted for f	tigation Grant Program is federally fur ergency Management. The process of funding consideration has been deleg o (LMSWG) in accordance with 27P-22	selecting eligible mitiated to Levy County Lo	gation projects to ocal Mitigation St	be be	
10	. Recom	mended Approval				
	a.	Department Director:	Yes □	No □	N/A □	
	b.	County Attorney:	Yes □	No □	N/A □	
	c.	County Coordinator:	Yes □	No □	N/A □	

Yes  $\square$  No  $\square$  N/A  $\square$ 

E-mail: <a href="mailto:levybocc@levycounty.org">levybocc@levycounty.org</a> Website: <a href="mailto:www.levycounty.org">www.levycounty.org</a>