

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

| 1.               | Name:  |   | Wilbur Dean             |       |       |
|------------------|--|---|-------------------------|-------|-------|
| 2.               | Organization/Title/Telephone:  |   | BOCC/County Coordinator |       |       |
| 3.               | Meeting Date:  |   | Tuesday, May 21, 2024   |       |       |
| <b>4.</b> County | Susan  | sted Motion/Action:<br>Haines, Representing Amvets Auxilar<br>issioners' with a donation check of \$3 | , .                     | •     |       |
| 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.   | <b>Budget Action:</b>   |                         |       |       |
|                  | b.   | Financial Impact Summary Statement:   |                         |       |       |
|                  | c.   | <b>Detailed Analysis Attached</b>   |                         |       |       |
|                  | d.   | Budget Officer Approval:  |                         |       |       |
|                  | If approved enter date: Click or tap to enter a date.  |   |                         |       |       |
| 9.               | <ol> <li>Background: (Why is the action necessary, and what action will be accomplished) (All<br/>supporting documentation must be attached if any)</li> </ol> |   |                         |       |       |
| 10               | . Recom  | nmended 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 □ |