

Levy County Board of County Commissioners Agenda Item Summary Form

1.	Name:		John MacDonald			
2.	Organization/Title/Telephone:		Emergency Management/Director/352.486.5213			
3.	Meeting Date:		Tuesday, June 16, 2020			
4.	Requested Motion/Action: Request Permission to send out 2 RFP's. 1. Post Disaster Cleaning and Sanitation					
	Services for Public Shelters. 2. Veterinary Services During a Disaster					
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, S	If no, State Action Required:				
	a.	Budget Action:	EnterTextHere			
	b.	Financial Impact Summary Statement:	EnterTextHere			
	c.	Detailed Analysis Attached	EnterTextHere			
	d.	Budget Officer Approval:	EnterTextHere			
	If approved enter date: Click or tap to enter a date.					
9.	_	round: (Why is the action necessary rting documentation must be attach		vill be accomplis	hed) (All	
	En	terTextHere				
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 □	