

Levy County Board of County Commissioners Agenda Item Summary Form

1. Name: John MacDonau 2. Organization/Title/Telephone: Emergency Management, EM Director, 486-5213 3. Meeting Date: Tuesday, July 16, 2024 4. Requested Motion/Action: Requesting the Levy County Board of County Commissioners' approval of the Hazard Analysis Grant Agreement, Emergency Management Preparedness and Assistance Grant Agreement (EMPA), and the approval of Resolution 2024-35, amending the final budget to incorporate the Hazard Analysis and EMPA yearly grant. 5. Agenda Presentation: Yes ⊠ No □ N/A □ 6. Time Requested: 1 minute (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) 10. Recommended Approval a. Department Director: Yes □ No □ N/A □ b. County Attorney: Yes □ No □ N/A □ c. County Coordinator: Yes □ No □ N/A □	1	Nomo		John MacDonald			
3. Meeting Date: Tuesday, July 16, 2024 4. Requested Motion/Action: Requesting the Levy County Board of County Commissioners' approval of the Hazard Analysis Grant Agreement, Emergency Management Preparedness and Assistance Grant Agreement (EMPA), and the approval of Resolution 2024-35, amending the final budget to incorporate the Hazard Analysis and EMPA yearly grant. No N/A □ 5. Agenda Presentation: Yes ⊠ No N/A □ 6. Time Requested: 1 minute (Request will be granted if Possible) allotted time not more than 15 minutes I 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 Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any) . . . 10. Recommended Approval . . . No □ . . a. Department Director: Yes □ No □ . . . <th>1.</th> <th colspan="2">Name:</th> <th colspan="3">John MacDonald</th>	1.	Name:		John MacDonald			
4. Requested Motion/Action: Requesting the Levy County Board of County Commissioners' approval of the Hazard Analysis Grant Agreement, Emergency Management Preparedness and Assistance Grant Agreement (EMPA), and the approval of Resolution 2024-35, amending the final budget to incorporate the Hazard Analysis and EMPA yearly grant. 5. Agenda Presentation: Yes ⊠ No N/A □ 6. Time Requested: 1 minute (Request will be granted if Possible) allotted time not more than 15 minutes N/A □ 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 9. Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any) 10. Recommended Approval .	2.	Organization/Title/Telephone:		Emergency Management, EM Director, 486-5213			
Requesting the Levy County Board of County Commissioners' approval of the Hazard Analysis Grant Agreement, Emergency Management Preparedness and Assistance Grant Agreement (EMPA), and the approval of Resolution 2024-35, amending the final budget to incorporate the Hazard Analysis and EMPA yearly grant. 5. Agenda Presentation: Yes INO IN/A INA 6. Time Requested: 1 minute (Request will be granted if Possible) allotted time not more than 15 minutes 7. Is this Item Budgeted (If Applicable): Yes INO IN/A INA 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) 10. Recommended Approval a. Department Director: Yes INO INA	3.	Meeting Date:		Tuesday, July 16, 2024			
6. Time Requested: 1 minute (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: 9. Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any) . . 10. Recommended Approval a. Department Director: Yes □ No □ . . b. County Attorney: Yes □ No □ . .	Requesting the Levy County Board of County Commissioners' approval of the Hazard Analysis Grant Agreement, Emergency Management Preparedness and Assistance Grant Agreement (EMPA), and the approval of Resolution 2024-35, amending the final budget to incorporate the Hazard Analysis and EMPA yearly grant.						
(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) 10. Recommended Approval a. Department Director: Yes □ No □ N/A □ b. County Attorney: Yes □ No □ N/A □		•					
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: . </th <th>6.</th> <th colspan="6">•</th>	6.	•					
 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) 10. Recommended Approval a. Department Director: b. County Attorney: c. Yes No N/A 	7.						
 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) 10. Recommended Approval a. Department Director: Yes No No N/A D b. County Attorney: Yes No No N/A D 	8. If no, State Action Required:						
Statement: . 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) 10. Recommended Approval a. Department Director: Yes No N/A b. County Attorney: Yes No N/A		a.	Budget Action:				
 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) 10. Recommended Approval a. Department Director: b. County Attorney: county Attorney: 		b.					
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) 10. Recommended Approval a. Department Director: Yes No N/A b. County Attorney: Yes No N/A		c.	Detailed Analysis Attached				
 9. Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any) 10. Recommended Approval a. Department Director: b. County Attorney: Yes I 		d.	Budget Officer Approval:				
supporting documentation must be attached if any) 10. Recommended Approval a. Department Director: Yes No N/A b. County Attorney: Yes No N/A	If approved enter date: Click or tap to enter a date.						
a. Department Director: Yes No N/A b. County Attorney: Yes No N/A							
b. County Attorney: Yes No N/A	10. Recommended Approval						
		a.	Department Director:	Yes 🗆	No 🗆	N/A □	
c. County Coordinator: Yes 🗆 No 🗆 N/A 🗆		b.	County Attorney:	Yes 🗆	No 🗆	N/A □	
		C.	County Coordinator:	Yes 🗆	No 🗆	N/A □	

d. Other: Yes No N/A 🗆