



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

1. **Name:** Mike West
2. **Organization/Title/Telephone:** LCSO 911 Addressing / 911 Coordinator / 352-486-5214
3. **Meeting Date:** Tuesday, April 6, 2021
4. **Requested Motion/Action:** Requesting levy County Board of County Commissioners' approval on Florida Federal NG911 Grant Agreement
5. **Agenda Presentation:** Yes  No  N/A
6. **Time Requested:** 5 minutes  
(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)**

Signature is required for this Florida E911 Board State Grant agreement in order to receive cost reimbursement.

### 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