

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

|  | 1.   | Name: Organization/Title/Telephone: |  | Alicia Tretheway   |      |            |  |
|--|--|-------------------------------------|--|--|------|------------|--|
|  | 2.   |                                     |  | BOCC/Procurement Coordinator   |      |            |  |
|  | 3.   | Meeting Date:                       |  | Tuesday, August 6, 2024  |      |            |  |
| 4. Requested Motion/Action:  Requesting the Levy County Board of County Commissioners' approval of Resolution 2 amending the final budget for fiscal year 2024 in the amount of \$8,304. |  |                                     |  |  |      | on 2024-40 |  |
|  | 5. Agenda Presentation:  |                                     | a Presentation:  | Yes □  | No □ | N/A ⊠      |  |
|  | 6.   |                                     | Requested:<br>Request will be granted if Possible) all | Click or tap to enter a date. ranted if Possible) allotted time not more than 15 minutes |      |            |  |
|  | 7.   | Is this                             | Item Budgeted (If Applicable):                         | Yes ⊠  | No □ | N/A □      |  |
|  | 8.   | 3. 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<br/>supporting documentation must be attached if any)</li></ol> |                                     |  |  |      |            |  |
|  | Change Order No. 1 – Development Department Office Renovations.  10. Recommended Approval  |                                     |  |  |      |            |  |
|  |  |                                     |  |  |      |            |  |
|  |  | a.                                  | Department Director:                                   | Yes ⊠  | No □ | N/A □      |  |
|  |  | b.                                  | County Attorney:                                       | Yes ⊠  | No □ | N/A □      |  |
|  |  | c.                                  | <b>County Coordinator:</b>                             | Yes ⊠  | No □ | N/A □      |  |
|  |  | Ь                                   | Other:   | Vac 🕅  | No 🗆 | NI/A 🗆     |  |