

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, September 7, 2021 | | |
| Agre | eem | Reques | sted Motion/Action: sting the Levy County Board of Count the Provision of Mental Health and S Behavioral Healthcare, Inc., for fiscal y | Substance Abuse S | • • | _ |
| | 5. | Agend | a Presentation: | Yes □ | No □ | N/A ⊠ |
| | 6. | | Requested: Request will be granted if Possible) all | Click or tap to enter a date.) 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) | | | | |
| | | The County will provide \$86,836 under this Agreement as its portion of the local match pursuant to such Florida Statute §394.76. This sum is for fiscal year beginning October 1 2021 and ending September 30, 2022. | | | | |
| | 10. | . Recommended Approval | | | | |
| | | a. | Department Director: | Yes ⊠ | No □ | N/A □ |
| | | b. | County Attorney: | Yes ⊠ | No □ | N/A □ |
| | | c. | County Coordinator: | Yes ⊠ | No □ | N/A □ |
| | | Ь | Other: | Vac 🕅 | No 🗆 | N/A □ |