

Levy County Board of County Commissioners Agenda Item Summary Form

1	. Name	:	Mitch Harrell			
2	. Organ	ization/Title/Telephone:	Public Safety/Director/352-486-5209			
3	. Meeti	ng Date:	Tuesday, August 18, 2020			
	Reque ndment t	ested Motion/Action: sting the Board of County Commissio o Stryker/Procare Agreement. As wel r his designee to renew.			-	
5	. Agend	la 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,	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	_	Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)				
		The Amendment will allow us to proceed with purchase of 5 LUCAS devices with a service agreement.				
1	0. Recon	nmended 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 □	