

Levy County Board of County Commissioners Agenda Item Summary Form

1.	Name:		Matt Brooks		
2.	Organization/Title/Telephone:		BOCC/Chair		
3.	Meeting Date:		Tuesday, August 18, 2020		
4.	Requested Motion/Action: Presenting the first check for the Levy County Cares Act Program.				
5.	Agenda Presentation:		Yes □	No □	N/A ⊠
6.	Time Requested: (Request will be granted if Possible) allo		Click or tap to enter a date. lotted 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 en	ter date: Click or ta	ap 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.	Recom	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 □