

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, November 17, 2020			
4.	Requested Motion/Action:					
Requesting the Levy County Board of County Commissioners' ratification of Levy County's Phase 1, 2, and 3 plans for the Levy County CARES Funding.						
5.	Agenda 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				tes	
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.	9. Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any) See attached Phase 1, 2, and 3 Plans.					
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 ⊠	