



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, October 20, 2020

4. **Requested Motion/Action:**

Requesting the Levy County Board of County Commissioners' approval of the Funding Agreement for the Provision of Health and Substance Abuse Services, between Levy County and Meridian Behavioral Health Care Inc.

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

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)**

See attached agreement.

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