



## Levy County Board of County Commissioners Agenda Item Summary Form

1. **Name:** Natalie McKellips
2. **Organization/Title/Telephone:** Levy County Health Department/Administrator
3. **Meeting Date:** Tuesday, September 21, 2021

4. **Requested Motion/Action:**  
Requesting the Levy County Board of County Commissioners' approval of the Annual Contract 21/22 between Levy County and the FL DOH, Levy County Health Department.

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