

Levy County Board of County Commissioners Agenda Item Summary Form

| 1. | Name: | | Mitch Harrell | | | |
|------------------|---|--|-------------------------------------|-----------------|-----------------|--|
| 2. | Organization/Title/Telephone: | | Public Safety/Director/352-486-5209 | | | |
| 3. | Meeting Date: | | Tuesday, November 3, 2020 | | | |
| Agreer Group, | Reques nent wit Inc., ap | sted Motion/Action: sting the Board's approval and the th Public Consulting Group, Inc. to proved by the Board on Septembe y County. | replace the prior agr | eement with Pub | olic Consulting | |
| 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, S | 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) | | | | | |
| | This Agreement will allow PCG to aid the County in obtaining supplemental payments under the Public Emergency Medical Transportation Program. | | | | | |
| 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 □ | |