

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>\$65,000</u>	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	\$ <u>65,000</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes X No _____

Budget Account No.: Fund 5010 Department 700 Unit 7130 Object 4511

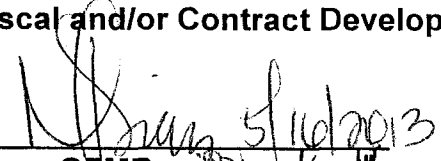
Reporting Category _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

C. Departmental Fiscal Review: _____


III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:



 OFMB *AB 5/15/14* Contract Development and Control

B. Legal Sufficiency:



 Chief Assistant County Attorney

C. Other Department Review:

 Department Director

THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.

RELEASE OF ALL CLAIMS

(THIS RELEASE IS CONTINGENT UPON FINAL APPROVAL BY THE BOARD OF COUNTY COMMISSIONERS)

This Indenture Witnesseth that I, Connie Griffith and Chris Griffith, in consideration of the sum of Sixty Five Thousand Dollars and 00/100 (\$65,000.00) do hereby for my heirs, personal representatives and assigns, release and forever discharge Palm Beach County Board of County Commissioners, Therapeutic Recreation Center Gymnasium, Special Olympics Florida, Gallagher Bassett Services, Inc., and Lloyd of London and any other person, firm or corporation charged or chargeable with responsibility or liability, their heirs, representatives or assigns, from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action arising from any act or occurrence up to the present time, and particularly on account of all personal injury, disability, property damages, loss or damages of any kind sustained or that I may hereafter sustain in consequence of an accident that occurred on or about the 10th day of December, 2011 at or near Therapeutic Recreation Center Gymnasium, 2728 Lake Worth Road, located Lake Worth, Florida 33461.

To procure payment of the said sum, I hereby declare: that I more than 18 years of age; that no representation about the nature and extent of said injuries, disabilities or damages made by any physician, attorney or agent of any party hereby released, nor any representations regarding the nature and extent of legal liability or financial responsibility of any of the parties released, have induced I to make this settlement; that in determining said sum there has been taken into consideration not only the ascertained injuries, disabilities and damages, but also the possibility that the injuries sustained may be permanent and progressive and recovery therefrom uncertain and indefinite, so that consequences not now anticipated may result from the said accident.

The Undersigned Agree(s), as a further consideration and inducement for this compromise settlement, that it shall apply to all unknown and unanticipated injuries and damages resulting from said accident, casualty or event, as well as to those now disclosed.

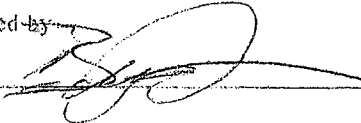
I understand that the parties hereby released admit no liability of any sort by reason of said accident and that said payment and settlement in compromise is made to terminate further controversy respecting all claims for damages that I have heretofore asserted or that I or my personal representatives might hereafter assert because of said accident.

FRAUD WARNING: "Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree."

Signed and sealed this 15 day of MAY, 2013.

Witnessed by

(CAUTION - READ BEFORE SIGNING)

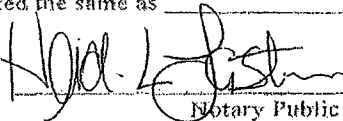


 (SEAL)
Connie Griffith

 (SEAL)
Chris Griffith

STATE OF FLORIDA,
COUNTY OF Palm Beach SS

On this 15th day of May, 2013, before me personally appeared CONNIE & CHRIS GRIFFITH, to me known to be the person who executed the foregoing instrument, and acknowledged that _____ executed the same as _____ free act and deed.


Notary Public

My commission expires 7/17/2014



BUDGET AVAILABILITY STATEMENT
RISK MANAGEMENT

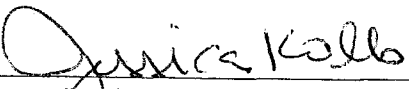
REQUEST DATE: 5/6/13 REQUESTED BY: County Attorney's Office

REQUESTED FOR: Connie Griffith

REQUESTED AMOUNT: \$65,000 AGENDA DATE: 6/4/13

BUDGET ACCOUNT NUMBER:

FUND: 5010 DEPT: 700 UNIT: 7130 OBJ: 4511

BAS APPROVED BY:  DATE: 2/13/13
Jessica Kolb