

## Town of Lake Park Town Commission

## Agenda Request Form

Meeting Date:	Nove	mber 20, 2024		
Originating Depart				
Agenda Title:				
Agenda Category (i.e	e., Consent, New Bus	iness, etc.):		
Approved by Town	Manager:	Bambi McKibbon	-Turner	Digitally signed by Bambi McKibbon-Turner DN: Date McKibbon-Turner, o=Town of Lake Park, ou=Assistant Town Manager/Human Resources Director, email=bturner@lakeparkflorida.gov, c=US Date: 2024 11 15 14:34:25 .05'00'
Cost of Item:	\$98,000	Funding Source:	Insuran	ce Fund
Account Number:	<u>001-589-900</u>	<u>)-91</u> 1 <b>50</b> nance Signature:	<u>Jeff</u> DaSilva	Digitally signed by Jeff DaSilva Dtc:::Eff DaSilva, o=Town of Lake 
Advertised:				
Date:	N/A	Newspaper:		
Attachments:	Settlement A	Agreement		
Please initial one:				
X	Yes I have r	notified everyone		
	Not applical	ble in this case		

#### Summary Explanation/Background:

As the Town's representative, the mayor together with the Town Attorney negotiated a Settlement Agreement in the case of Igor Jose Oliveira De Almeda and Natasha Aileen Quiza v. Town of Lake Park. The Settlement Agreement allows the Town to avoid expenses associated with discovery in preparation for a trial and a trial. It also eliminates the Town's potential exposure to significant damages and attorney fees in the event the Town were not to prevail at trial. The Town Attorney recommends that the Town Commission approve the Settlement Agreement and authorize the mayor to execute it on behalf of the Town.

#### **Recommended Motion:**

I move to approve the Settlement Agreement and authorize the mayor to execute the same.

#5896557 v1 26508-00001

# **TOWN OF LAKE PARK**

### **BUDGET ADJUSTMENT DEPARTMENT: INSURANCE FUND 150**

Adjustment No.: DATE: <u>11/20/2024</u>

ACCOUNT DESCRIPTION	ACCOUNT NUMBER	FROM	ТО
001-589-900-91150	Trf to Insurance Fund	\$98,000.00	
001-589-900-99905	Contingency Commission		\$98,000.00

TOTAL \$98,000.00 \$98,000.00

Explanation:

Transfer from contingency to cover settlement costs for DeAlmenda/Quiza vs Town

APPROVALS:		
Department Head:	Date:	
Finance Director:	Date:	
Town Manager:	Date:	
Commission:	Date:	