## EXHIBIT 1

DELEGATION REQUEST	BF	ROWARD COUNTY COMMISSION
Request, please submit a letter or fill out this 115 S. Andrews Avenue, Fort Lauderdale the scheduled appearance date and time.	on the official agenda of a regular meeting the Commission's jurisdiction through a Delegas form and return to County Administration, as Florida 33301 or fax it back to (954) 357-73. Please indicate in your Request the manual be included with the original Delegation Relations.	ation Request. To make a Delegation Room 409, Governmental Center 60. Each delegation will be notified or oner in which you wish to receive
Appearance before the Board of County	Commissioners is limited to THREE mine	utes.
Hard copies of the agenda will be available in advance at:-	in the meeting room, on the day of the meeting	g, and electronic copies are available
NAME OF DELEGATION OR GROUP: Special Olympics Florida - Broward County		DATE OF REQUEST: 6/5/2017
NAME OF PERSON REPRESENTING GROUP: Erin Kozlowski	ADDRESS: 3301 College Avenue,Fort Lauderdale 33314	PHONE NUMBER: 305-926-1130 EMAIL ADDRESS: erinkozlowski@sofl.org
Please indicate (X) how you with to be con SUBJECT YOU WISH TO DISCUSS: Funding for transportation of Special Oly		
	mments you feel necessary. etes with intellectual disabilities such as Do nization is requesting financial support for lo	
HAVE YOU EVER CONTACTED ANYON YES NO IF SO, WHO?	NE IN COUNTY GOVERNMENT IN REGAR	D TO THIS SUBJECT?
WHEN?		
WHAT WAS THE OUTCOME?		
MATERIALS FOR COMMISSION'S REV	/IEW?	
TO BE COMPLETED BY ADMIN.OFFICE ONLY	DATE DELEGATION SCHEDULED:	DELEGATION NOTIFIED?
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