

MEMORANDUM

Agenda Item No. 11(A)(14)

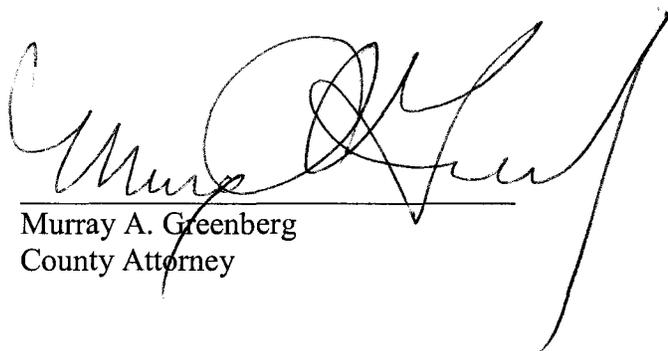
TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: June 5, 2007

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind
services for the 28th
Annual 5K Walk/Run for
Sickle Cell Disease

The accompanying resolution was prepared and placed on the agenda at the request of Vice-Chairwoman Barbara J. Jordan.



Murray A. Greenberg
County Attorney

MAG/jls



MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: June 5, 2007

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No. 11(A)(14)

Please note any items checked.

- "4-Day Rule" ("3-Day Rule" for committees) applicable if raised
- 6 weeks required between first reading and public hearing
- 4 weeks notification to municipal officials required prior to public hearing
- Decreases revenues or increases expenditures without balancing budget
- Budget required
- Statement of fiscal impact required
- Bid waiver requiring County Manager's written recommendation
- Ordinance creating a new board requires detailed County Manager's report for public hearing
- Housekeeping item (no policy decision required)
- No committee review

Approved _____ Mayor

Agenda Item No. 11(A)(14)

Veto _____

06-05-07

Override _____

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT FOR THE MARCH 17, 2007 28TH ANNUAL 5K WALK/RUN FOR SICKLE CELL DISEASE SPONSORED BY THE SICKLE CELL DISEASE ASSOCIATION OF AMERICA, MIAMI-DADE CHAPTER, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,100.00 TO BE FUNDED FROM THE DISTRICT 1 IN-KIND RESERVE FUND

WHEREAS, the Sickle Cell Disease Association of America, Miami-Dade County Chapter, Inc., has requested in-kind services from the Miami-Dade Police Department for the March 17, 2007 28th Annual 5K Walk/Run For Sickle Cell Disease in an amount not to exceed \$2,100.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the 28th Annual 5K Walk/Run For Sickle Cell Disease is a major fundraiser event designed to raise funds to support research development, provide education awareness and offer assistance to individuals and families with the Sickle Cell Disease; and

WHEREAS, the Sickle Cell Disease Association of America, Miami-Dade County Chapter, Inc., is a not-for-profit organization; and

WHEREAS, the 28th Annual 5K Walk/Run For Sickle Cell Disease is a special event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and the in-kind services shall be funded from the District 1 In-kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Miami-Dade Police Department for the March 17, 2007 28th

Annual 5K Walk/Run For Sickle Cell Disease in an amount not to exceed \$2,100.00 to be funded from the District 1 In-kind Reserve Fund.

The foregoing resolution was sponsored by Vice-Chairwoman Barbara J. Jordan and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman	
Barbara J. Jordan, Vice-Chairwoman	
Jose "Pepe" Diaz	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Joe A. Martinez	Dennis C. Moss
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of June, 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

MR

Monica Rizo

MDPD \$2100

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

COUNTY FEE WAIVERS OR IN-KIND SERVICES REQUESTED THROUGH THIS PROCESS ARE NOT EFFECTIVE UNTIL APPROVED BY ACTION OF THE BOARD OF COUNTY COMMISSIONERS PURSUANT TO THE MIAMI-DADE COUNTY HOME RULE CHARTER

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

Type of Event/Application (select one of the following):

- District Event - Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will be submitted to the appropriate District Commissioner within two days of receipt of application.)
- Small Event - Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign and date.)
- Special Event - Event with expected attendance of less than 5,000 with localized impact limited to an individual community or municipality (Complete questions 1-12, sign, date and submit form no later than 60 days prior to event date.)
- Major Event - Large Event with expected attendance of over 5,000 or significant probability of protests, controversy, violence or vandalism (Complete questions 1-12, sign, date and submit form no later than 120 days prior to event date.)

1. Full legal name of the requesting organization: Sickle Cell Disease Association of America, Miami-Dade County Chapter, Inc.

2. Applicant Status: (Select one of the choices below)

- Not-For-Profit or Tax Exempt Local Government or Public Entity
- For-Profit
- County Sponsored Event/Sponsoring Department _____
- Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Astrid K. Mack, Executive Director, 794 NW 18th Street, Miami, FL 33136. Telephone: (O) 305-243-5998; cell: 305-804-9865 (no reception, M - F, 8:30 am - 5:30 pm); fax: 305-243-2938; e-mail address: amack@med.miami.edu

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Request is made to set-up roadblocks, control traffic along the 5K Walk/Run route around Dolphin Stadium, (specifically at Gate 4 at NW 199th Street, NW 26th Avenue at 199th Street and at 203rd Street) and first aid and related services for ~300 - 500 runners/walkers. Police

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The 28th Annual 5K (3.1 mi.) Walk/Run for Sickle Cell Disease is the major fund-raiser designed to provide assistance and support of individuals and families with Sickle Cell Disease, support research for cure, and provide education and awareness the entire Miami-Dade County community. March 17, 2007

6. Please select ALL that apply to event:

- Economic Development: Event supports vitality or growth of the local economy
- Youth/Education: Event benefits youth of any age and/or offers educational benefits
- Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- Arts and Culture: Event supports music, theatre, literature, art or culture
- Environmental: Event benefits environmental concerns or promotes conservation
- Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): The Dolphin Stadium, 199 NW 199th Street, Miami Gardens, FL 33056

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MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: It is expected that this fund raising and community-building event will impact the entire South Florida community, especially all of Miami-Dade County and South Broward County.
-
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Event Schedule - See Attachment A
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See Attachment B, C + D.
-
11. Expected number of participants and estimated attendance (per day, if applicable): It is expected that ~300 persons will participate in the Walk/Run, with ~200 additional persons for the Health Fair and Battle of the Drum Lines.
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): The Dolphin Stadium is the Title Sponsor for this event. Additional sponsors and benefactors have been identified and are being sought to provide other amenities.
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I hereby certify that all the statements made in this application are true and correct.

Retrid K. Mack

Signature of Authorized Representative

03-12-2007

Date

Sickle Cell Disease Association of America Miami-Dade County Chapter, Inc.



794 NW 18th Street
Miami, Florida 33136
(305) 243-6924
Fax: (305) 324-6785

Dr. J.A. Chico Arenas, President
Mary E. Walker, Immed. Past President

Howard Ffrench, Treasurer

Astrid K. Mack, Ph.D., Executive Director

MEMORANDUM

TO: Ms Delores Green
OSBM Miami-Dade County
FROM: SCDA Miami-Dade County Chapter, Inc.
RE: Event Budget for 28th Annual 5K Walk/Run
March 17, 2007 at Dolphin Stadium
Date: March 21, 2007

Thank you for providing us with the In-kind Fee Waiver Application form and process. We are certain that the process will flow much smoother the next time we apply.

Per your request, the event budget for the 28th Annual 5K Walk/Run for Sickle Cell Disease, sponsored by Dolphin Stadium in partnership with 100 Black Men of South Florida on Saturday, March 17, 2007 at Dolphin Stadium is as follows:

Tee shirts:	\$2,750.00
Awards:	465.00
DJ:	300.00
Race Scoring/Management:	3,000.00
Postage:	<u>250.00</u>
Total:	\$6,765.00

A copy of the non-profit status form accompanies this memorandum.

Please advise if additional information is required.

Sincerely,

Astrid K. Mack

Astrid K. Mack, Ph.D.
Executive Director

Encl

Sickle Cell Disease Association of America, Inc. (SCDA)



→

00023



Consumer's Certificate of Exemption

DR-14
R. 01/02
04/23/05

Issued Pursuant to Chapter 212, Florida Statutes

85-8012582644C-1	03/20/2005	03/31/2010	SICKLE CELL DISEASE ASSOCIATION OF AMERICA MIAMI DADE COUNTY CHAPTER INC 794 NW 18TH ST MIAMI FL 33136-1197
Certificate Number	Effective Date	Expiration Date	



This certifies that

SICKLE CELL DISEASE ASSOCIATION OF AMERICA MIAMI DADE COUNTY CHAPTER INC
794 NW 18TH ST
MIAMI FL 33136-1197

is exempt from the payment of Florida sales and use tax on real property rented, transient real property rented, tangible personal property purchased or rented, or services purchased.



Office of Minority Affairs

Fax Transmittal

Date: 3-22-07

TO: Delores Green
OSBM

Fax No. 305-375-5168
Phone No. 305-375-5143

From: A.K. MACK
EX-Dir. SCDA

Phone No. 305-243-5998
Fax No. 305-243-2938

PAGES INCLUDING COVER SHEET: 03

RE: Event Budget # Non-Profit form...

MESSAGE:

for In-kind Fee waiver application:
SK Walk/Run for SCD, March 17, 2007.

Call, above #, if needed.
Also, let me know if you prefer/need the IRS Letter of Exemption!
Thanks. AKM

University of Miami School of Medicine
Office of Minority Affairs
Astrid K. Mack, Ph.D., Associate Dean for Minority Affairs
Staff Associate

Minority Affairs
P.O. Box 016960 (R128)
Miami, Florida 33101

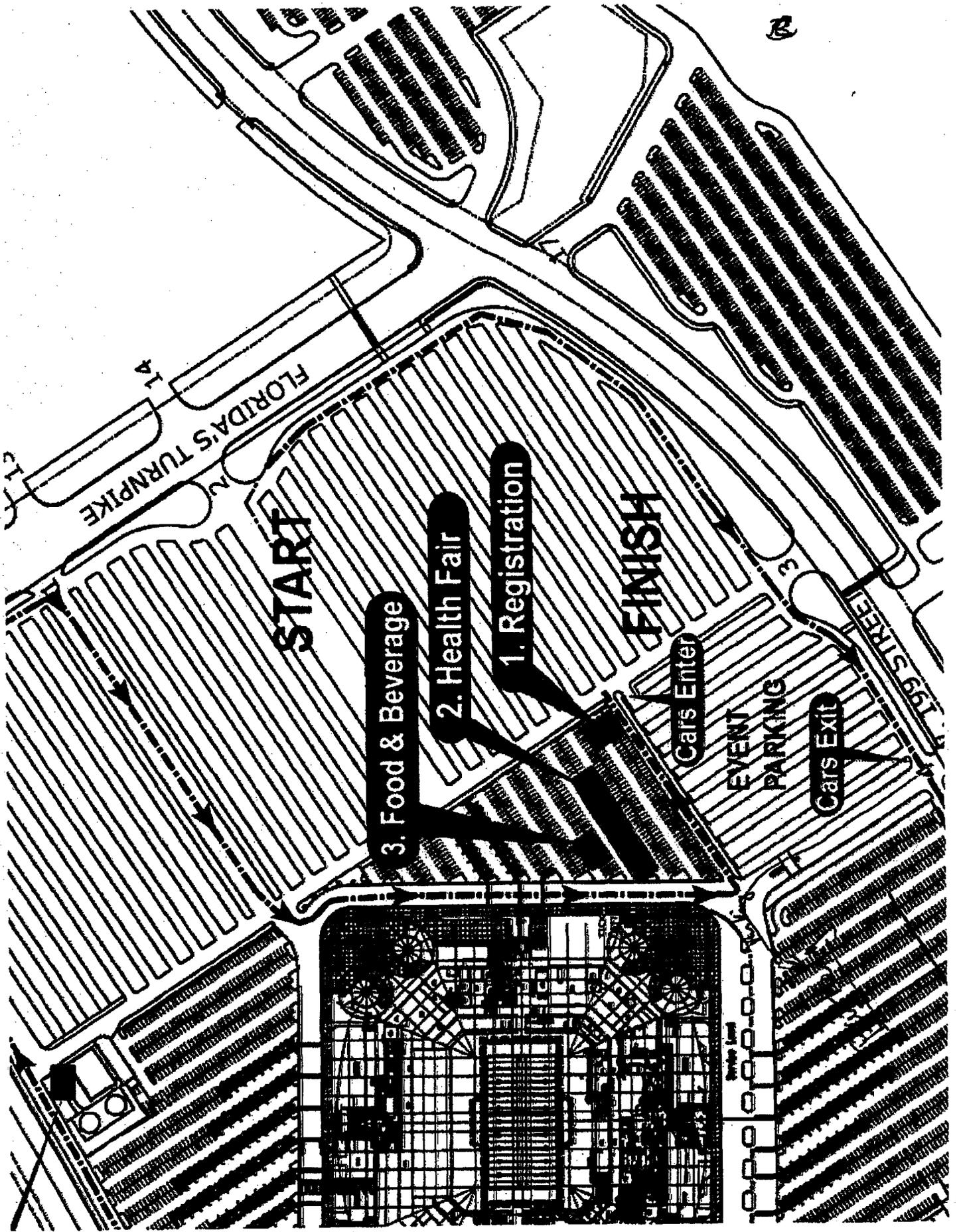
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Attachment A

Event Schedule

**28th Annual 5K Walk/Run for Sickle Cell Disease
Saturday, March 17, 2007
Dolphin Stadium
2269 NW 199th Street
Miami Gardens, FL**

6:30 am	Set-up
7:00 am	Registration
7:45 am	Pre-Walk Show
8:00 am	Race begins
8:30 am	Set-up for Health Fair
9:00 am	Health Fair
10:00 am	"Battle of the Drum Lines" begins
2:00 pm	Breakdown all venues/depart



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Memorandum



Date: June 5, 2007

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

From: George J. Burgos
County Manager

A handwritten signature in black ink, appearing to read "George J. Burgos", written over the printed name of the County Manager.

Subject: District Specific In-Kind Reserve Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The district specific in-kind reserve balance allows for the funding of this request.

Background

A retroactive waiver for in-kind services is being requested by a not-for-profit organization Sickle Cell Disease Association of America, Miami-Dade County Chapter, Inc. for their 28th Annual 5K Walk/Run for Sickle Cell Disease held on March 17, 2007.

In-kind services have been requested in an amount not to exceed \$2,100 from the Miami-Dade Police Department for police services. This event will be funded from the District 1 in-kind reserve fund.

In FY 2006-07 the Sickle Cell Disease Association of America, Miami-Dade County Chapter, Inc. received an allocation of \$1,000 from District 4 discretionary reserve funds.

Inkind07507