

# MEMORANDUM

Agenda Item No. 11(A) (22)

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

**DATE:** March 4, 2008

**FROM:** R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Resolution retroactively  
authorizing in-kind  
services for the Walk  
Now Autism Event

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The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Carlos A. Gimenez.

  
\_\_\_\_\_  
R. A. Cuevas, Jr.  
County Attorney

RAC/up

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# MEMORANDUM

(Revised)

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

**DATE:** March 4, 2008

**FROM:** R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Agenda Item No. 11(A) (22)

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) (22)

Veto \_\_\_\_\_

03-04-08

Override \_\_\_\_\_

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT, THE MIAMI-DADE FIRE RESCUE DEPARTMENT AND THE MIAMI-DADE POLICE DEPARTMENT FOR THE FEBRUARY 10, 2008 WALK NOW FOR AUTISM EVENT SPONSORED BY AUTISM SPEAKS, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$23,345.00 TO BE FUNDED IN PART FROM THE COUNTYWIDE IN-KIND RESERVE FUND AND IN PART FROM THE NON-AD VALOREM PORTION OF THE FIRE RESCUE DISTRICT IN-KIND RESERVE FUND

**WHEREAS**, Autism Speaks, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department, the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the February 10, 2008 Walk Now For Autism event in an amount not to exceed \$23,345.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the Walk Now For Autism event is a family friendly, non-competitive walk and resource fair with the purpose of raising autism awareness and raising funds to benefit autism research efforts and family services; and

**WHEREAS**, Autism Speaks, Inc. is a not-for-profit organization; and

**WHEREAS**, the Walk Now For Autism event is a major event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$22,770.00 of the in-kind services shall be funded from the Countywide In-kind Reserve Fund, \$575.00 of the in-kind services shall be funded from the non-ad valorem portion of the Fire Rescue District 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 Park and Recreation Department, the Miami-

Dade Police Department, and the Miami-Dade Fire Rescue Department for the February 10, 2008 Walk Now For Autism event in an amount not to exceed \$23,345.00 to be funded in part from the Countywide In-kind Reserve Fund and in part from the non-ad valorem portion of the Fire Rescue District In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Carlos A. Gimenez 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 4<sup>th</sup> day of March, 2008. 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

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

APRIL  
#20,389  
Fire #  
Police #

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:

Deloras Green  
Office of Strategic Business Management  
111 N.W. 1st Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 375-5168

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.)

Note: Event budget must be included for "Special" and "Major" event types.

1. Full legal name of the requesting organization: Autism Speaks, Inc

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

- Not-For-Profit or Tax Exempt
- For-Profit
- Local Government or Public Entity
- Other (specify): \_\_\_\_\_

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): \_\_\_\_\_

Jaclyn Merens, South FL Regional Director, Autism Speaks  
2151 Hillsboro Blvd #303, Deerfield Beach, FL 33442  
PH-800-610-6227, FAX 954 421-1054, EMAIL-jmerens@autismspeaks.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): \_\_\_\_\_

Show Mobile, wireless mic, sound system - \$4781 ✓  
Parking fees for 2500 cars @ \$5 per = \$12,500 ✓  
Park fees - Area fee - \$2805 ✓ Maintenance Fee - \$302.74/hr ✓  
Police (6 officers), EMS truck with 2 workers

1078

5

QIMENEZ

MIAMI-DADE COUNTY  
FEE WAIVER/KIND SERVICES APPLICATION  
Page 2

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): \_\_\_\_\_

Autism Speaks Walk Now for Autism

\* Sunday, Feb. 10, 2008 Crandon Park on Key Biscayne  
Walk Now For Autism is a family friendly, non-competitive walk  
+ resource fair providing information to the autism community  
+ community at large. It is a family friendly, fun filled event  
with kid's activities, music, + local resources. The event is dedicated  
to raising autism awareness, advocacy efforts + funds for research  
+ family services

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)): District 7

Crandon Park, 4000 Crandon Blvd, Miami FL

8. Description of regional or local impact: This event will raise awareness

through out Miami-Dade about autism, provide resources  
to families. It provides an opportunity for families  
living with autism to enjoy a day of fun + information  
where they are accepted + not judged

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): \_\_\_\_\_

Set up Sat. Feb 9, 2008 after 2pm + Sunday Feb 10  
from 6-8:30 AM. Registration begins @ 8:30 AM, Walk +  
festivities 10-1 PM, Cleanup completed by 4:30 pm

2008

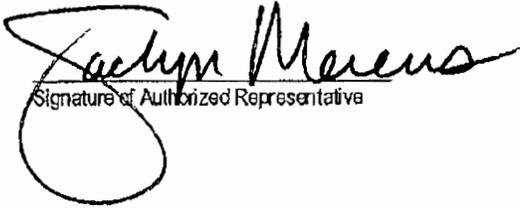
MIAMI-DADE COUNTY  
FEE WAIVER/KIND SERVICES APPLICATION  
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See Attached - ~~exhibit~~ Exhibit A

11. Expected number of participants and estimated attendance (per day, if applicable): 6000

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): See Attached - Exhibit B

I hereby certify that all the statements made in this application are true and correct.

  
Signature of Authorized Representative

12/20/07  
Date

3078

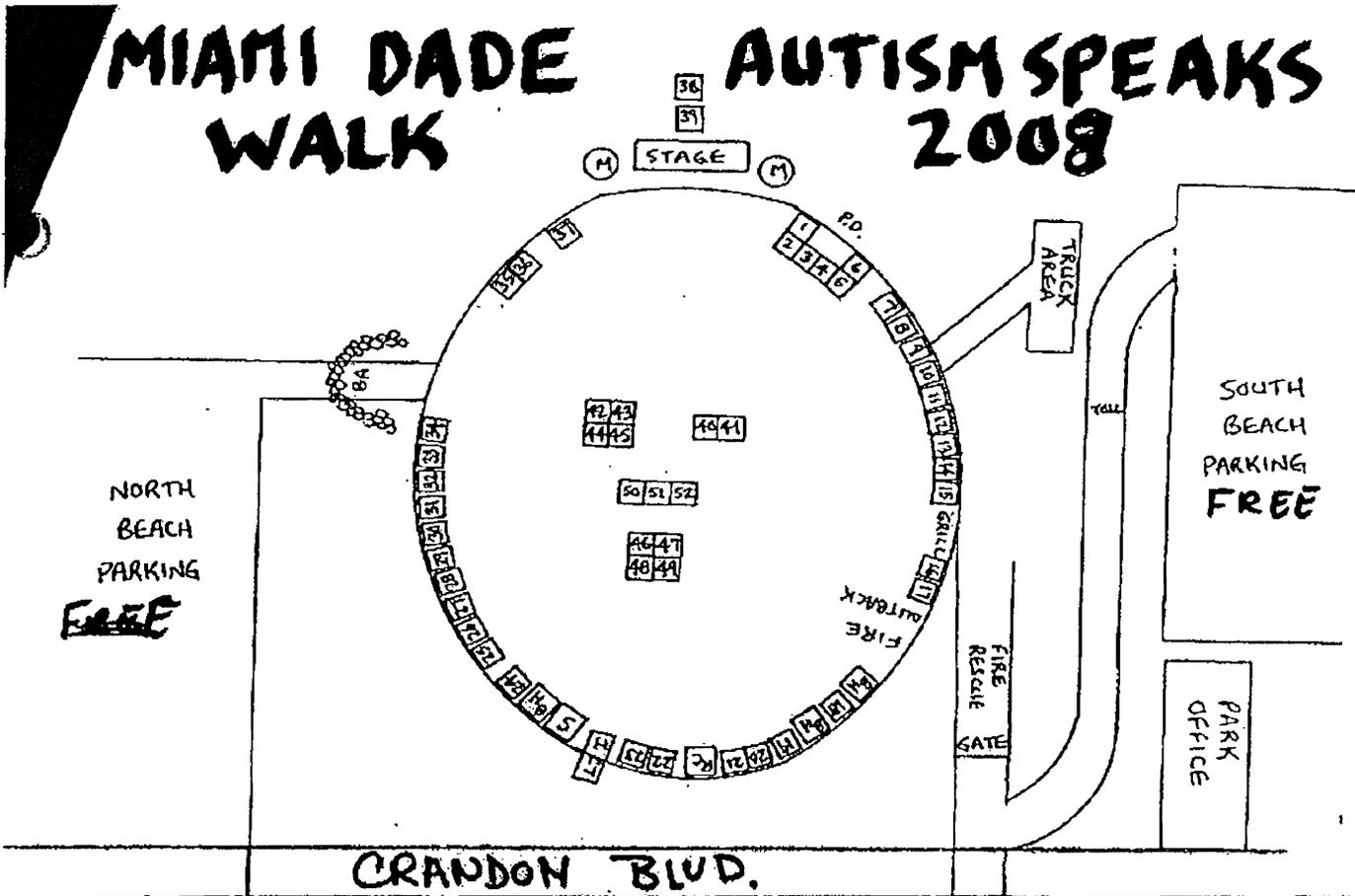


Exhibit A

4008

# Exhibit B

Page 5.

## SPECIAL EVENT BUDGET

fully the intended use, type of business and scope of operation:

### DETAILED REVENUE

Source	Price	Total Amount of Income
Family + Corp Sponsorships		\$100,000
Donations Collected by Walkers		400,000
<b>Total Revenue:</b>		<b>500,000</b>

### DETAILED EXPENDITURES

Item	Total Amount of Expense	
Walk Day Rentals	10,000	
Kick Off Events	8,000	
Printing	8,500	
Mailings	3,000	
Misc.	5,000	
<b>Total Expenses:</b>		<b>34,500</b>
<b>Net Income Expected:</b>		<b>465,500</b>

### DETAILED IN KIND SERVICES

Item	Value of Contribution	
Food, Entertainment, children's Activities	12,500	
PSA's + advertising	5,000	
Radio, Print media	50,000	
<b>Total Value:</b>		<b>\$67,500</b>

Describe the intended use of net income generated from this special event: Autism Research, advocacy + awareness

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## Detail by Entity Name

### Foreign Non Profit Corporation

AUTISM SPEAKS INC.

### Filing Information

**Document Number** F06000006102  
**FEI Number** N/A  
**Date Filed** 09/22/2006  
**State** DE  
**Status** ACTIVE

### Principal Address

2 PARK AVENUE 11TH FL  
NEW YORK NY 10016

### Mailing Address

2 PARK AVENUE 11TH FL  
NEW YORK NY 10016

### Registered Agent Name & Address

NATIONAL CORPORATE RESEARCH, LTD.  
515 E PARK AVE  
TALLAHASSEE FL 32301 US

### Officer/Director Detail

#### Name & Address

Title C

WRIGHT, ROBERT C  
30 ROCKEFELLER PLAZA 52ND FLOOR  
NEW YORK NY 10112

Title VC

WRIGHT, SUZANNE  
610 FIFTH AVE SUITE 604  
NEW YORK NY 10020

Title P

ROITHMAYR, MARK  
2 PARK AVENUE 11TH FL  
NEW YORK NY 10016

Title ST

GEIER, PHILIP  
70 E 55TH STREET 15TH FLOOR

6008

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:

**MAR 21 2005**

AUTISM SPEAKS INC  
C/O PETER F OLBERG  
MANATT PHELPS & PHELLIPS LLP  
7 TIMES SQUARE  
NEW YORK, NY 10036-0000

Employer Identification Number:  
20-2329938  
DLN:  
17053049011005  
Contact Person:  
JOHN J KOESTER ID# 31364  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
DECEMBER 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
YES  
Effective Date of Exemption:  
FEBRUARY 11, 2005  
Contribution Deductibility:  
YES  
Advance Ruling Ending Date:  
DECEMBER 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

Letter 1045 (DO/CG)

708

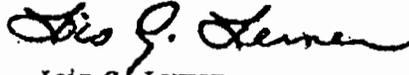
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-2-

AUTISM SPEAKS INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations  
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c) (3)

Letter 1045 (DO/CG)

8008

12

Nov 08 07 11:46a User

954-421-1054

p.2

Nov 06 07 11:29a Jack Patterson

305-273-8579

D2



# SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

## EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Autism Speaks, Inc

EQUIPMENT REQUESTED: 1 New Large Showmobile, Large Sound Syst

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Jaclyn Merens, ~~Aut~~ County Commission Resolution  
Resolution traditionally covers this

OR INDEX CODE (MIAMI-DADE COUNTY AGENCIES ONLY): \_\_\_\_\_

BILLING ADDRESS/ZIP CODE: Autism Speaks, Inc  
2157 W. Hillsboro Bl. #303 Deerfield Bch, FL 33442

NAME/TITLE OF THE EVENT: Walk Now for Autism

ADDRESS OF EVENT: Crandon Park on Key Biscayne

TODAY'S DATE: 11/8/07 DATE (S) & TIME OF EVENT: Saturday, Feb 10, 2008  
9 AM

SET-UP TIME & DAY: Sat 2/9/08 2pm

TAKE-DOWN & DAY: Sun, 2/10/08 4pm

CONTACT PERSON/PHONE: Jaclyn Merens or Roy Kelly

AT SITE CONTACT/CELL PHONE #: 561 312 2935 | 305 301-5010  
JACK Patterson - 305-962-6534

SPECIAL INSTRUCTIONS: Direction Item(s) are to be placed, maps, diagrams, etc.

OTHER INFORMATION: Include additional equipment if needed.  
The US Olympic trials are at the park on Sat 2/9/08 will also be using # Showmobile  
 We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as outlined in the rental policy. We also understand that the total fee is to be submitted (15) fifteen working days before the event.  
 Signature: Jaclyn Merens  
 Agency/Group: Autism Speaks

\*SEE FEE SCHEDULE FOR EXACT CHARGES)  
\$ 4,781.00

CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED 1/2 (HALF) OF RENTAL FEE. \*There will be no exception reservation on the schedule unless the confirmation form is filled out completely and signed.

Delivery will be @ 6 Am Sunday Feb 10, 2008. Take-down @ 4 pm Feb 10, 2008.

**FAXED**  
11/9/07

DATE: 11/9/07  
 SIGNATURE: [Signature]

DATE: 11/15/07  
**FAXED**  
11/15/07

Follow up with  
 Deloris Green (Re: if Resolution is submitted)  
 305 375 5143

## Green, Delores (OSBM)

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**From:** Jackie Merens [jmerens@autismspeaks.org]  
**Sent:** Thursday, December 20, 2007 2:18 PM  
**To:** Green, Delores (OSBM)  
**Subject:** FW: Autism Speaks Park fees  
**Attachments:** 08 Showmobile confirmation Request.pdf

### *Jaclyn Merens*

South Florida Regional Director  
Autism Speaks, Inc  
2151 West Hillsboro Blvd., Suite 303  
Deerfield Beach, FL 33442  
954-421-9997  
800-610-6227  
Fax: 954-421-1054  
E-mail [jmerens@autismspeaks.org](mailto:jmerens@autismspeaks.org)  
Web: [www.autismspeaks.org](http://www.autismspeaks.org)

Register today for 2008 Walk Now for Autism Events:

Miami-Dade - Sunday, Feb. 10, 2008 [www.walknowforautism.org/miami](http://www.walknowforautism.org/miami)

Palm Beach County - Sunday, March 2, 2008  
[www.walknowforautism.org/palmbeach](http://www.walknowforautism.org/palmbeach)

Broward County - Saturday, April 12, 2008  
[www.walknowforautism.org/broward](http://www.walknowforautism.org/broward)



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**From:** McCaffrey, Michael (MDPR) [mailto:MIKEM@miamidade.gov]  
**Sent:** Saturday, December 08, 2007 10:28 AM  
**To:** Jackie Merens  
**Cc:** Aleman, Jorge (MDPR)  
**Subject:** fees

The fees for your event : Area Fee-\$2,805. which is \$935.per 2000 people. Facility maintenance for two Park Service Aides is \$302.74.

Parking is \$5.00 per car-\$10,000 for 2000 cars. Alan is going to work with you on the security/clean-up deposit. That fee would not be requested for your in-kind as it is refundable. I'll be back in the office on Tuesday.

Mike

Michael McCaffrey, Park Manager 2  
Crandon Park  
4000 Crandon Blvd.  
Key Biscayne, Fl. 33149  
(305)361-5421

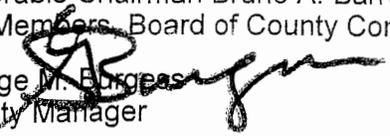
12/20/2007

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**Date:** March 4, 2008

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

**From:** George M. Borges  
County Manager



**Subject:** Countywide In-Kind Reserve Request Recommendation

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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 countywide 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 Autism Speaks, Inc. for the annual Walk Now for Autism event held on February 10, 2008.

In-kind services have been requested in an amount not to exceed \$20,389 from the Miami-Dade Park and Recreation Department for the use of a large show mobile, 20kw generator, a sound technician, large sound system, parking fees and use of the Crandon Park facility, \$2,381 from the Miami-Dade Police Department for police services and \$575 from the Miami-Dade Fire Rescue Department for personnel services for a total in-kind amount of \$23,345. This event will be funded in part from the countywide in-kind reserve fund and in part from the non-ad valorem in-kind reserve of the fire rescue district budget.

In FY 2007-08, Autism Speaks, Inc. has received no County funding for this event.

Inkind4608