

MEMORANDUM

Agenda Item No. 11(A)(26)

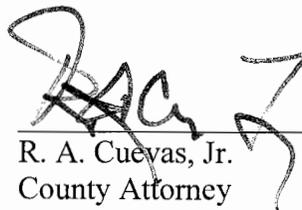
TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: April 8, 2008

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

SUBJECT: Resolution retroactively
authorizing in-kind services
from the Miami-Dade Transit
Agency for the February 16,
2008 Community Health
Fair

The accompanying resolution was prepared and placed on the agenda at the request of
Commissioner Dennis C. Moss.



R. A. Cuevas, Jr.
County Attorney

RAC/up



MEMORANDUM

(Revised)

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

DATE: April 8, 2008

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

SUBJECT: Agenda Item No.11(A) (26)

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) (26)

Veto _____

04-08-08

Override _____

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE TRANSIT AGENCY FOR THE FEBRUARY 16, 2008 COMMUNITY HEALTH FAIR SPONSORED BY MIAMI DADE COLLEGE, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$485.00 TO BE FUNDED FROM THE DISTRICT 9 IN-KIND RESERVE FUND

WHEREAS, Miami Dade College has requested in-kind services from the Miami-Dade Transit Agency for the February 16, 2008 Community Health Fair in an amount not to exceed \$485.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the Community Health Fair is to provide the community an opportunity to receive free health care services and to promote common health awareness within the community; and

WHEREAS, Miami Dade College is a not-for-profit organization; and

WHEREAS, the Community Health Fair is a small 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 9 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 Transit Agency for the February 16, 2008 Community Health Fair in an amount not to exceed \$485.00 to be funded from the District 9 In-kind Reserve Fund.

The foregoing resolution was sponsored by Dennis C. Moss 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 8th day of April, 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.



Monica Rizo

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Email/ HVS@miamidade.gov
Delivering Excellence Every Day

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:

Delores 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: Miami Dade College

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.): Emily Adams, Assistant to the Campus President, Miami Dade College - Homestead Campus, 500 College Terrace, Homestead, FL 33030. Phone: (305) 237-5147, Fx: (305) 237-5002, email: eadams@mdc.edu.

4. Specify fee waiver or in-kind service requested (quantify, if applicable): In-kind contribution of bus service to and from Miami Dade College, Homestead Campus and the Miami Dade College Medical Center Campus Community Health Fair.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Miami Dade College Medical Center Campus Community Health Fair. Date: Saturday, February 16, 2008 8:30 a.m. to 2:00 p.m. Description/Purpose: To serve citizens of our community with free health care services. The Fair's primary goal is to heighten awareness of common health problems in our community, such as high blood pressure and diabetes, especially among members of underrepresented groups. Admission is free. In collaboration with local health care agencies and community partners, free health screenings for glucose, blood pressure, cholesterol and glaucoma are provided. Limited dental and yoga.

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

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MOSS

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

7. Physical address of event venues (please specify Commission District(s)): Miami Dade College, Homestead Campus, 500 College Terrace, Homestead, FL 33030 (Districts 8 & 9); Miami Dade College, Medical Center Campus, 950 N.W. 20th Street, Miami, FL 33127 (District 3)
8. Description of regional or local impact: _____

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

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): _____

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

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

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


Signature of Authorized Representative

12/21/07
Date

Business Affairs
11011 SW 104 Street, #1130
Miami, Florida 33176
(305) 237-2389 • Fax: (305) 237-0957
e-mail: cleverin@mdec.edu



Miami-Dade
COMMUNITY COLLEGE

District Administration

E.H. Levering
VP Business Affairs &
Chief Financial Officer

To Whom It May Concern:

The State of Florida Community College System was created and is governed by Florida Statutes, specifically Chapter 240. Miami Dade College is a part of this system and, as such, is considered a non-profit, tax-supported institution.

This statement is offered in lieu of documentation from the Internal Revenue Service which would show that the College is classified as a 501 (c) (3) organization. As a creation of the State of Florida, the College is privileged to all of the benefits accruing under the 501 (c) (3) classifications.

A handwritten signature in black ink, appearing to read 'E.H. Levering, III'.

E. H. Levering, III
VP for Business Affairs and
Chief Financial Officer

The mission of Miami Dade College is to provide accessible, affordable, high quality education by keeping the learner's needs as the center of decision-making and working in partnership with its dynamic, multi-cultural community.

**Request for Taxpayer
 Identification Number and Certification**

Give form to the
 requester. Do not
 send to the IRS.

Print or type
 See Specific Instructions on page 2.

Name
Miami Dade College

Business name, if different from above
same

Check appropriate box: Individual/ Sole proprietor Corporation Partnership Other **501(c)(3) org.** Exempt from backup withholding

Address (number, street, and apt. or suite no.)
11011 SW 104th Street, Room 9254

City, state, and ZIP code
Miami, FL 33176

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number

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Employer identification number

5	9	1	2	1	0	4	8	5
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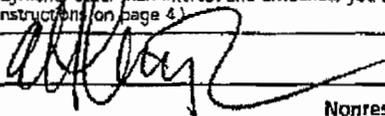
Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person  Date **2/7/07**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

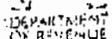
Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

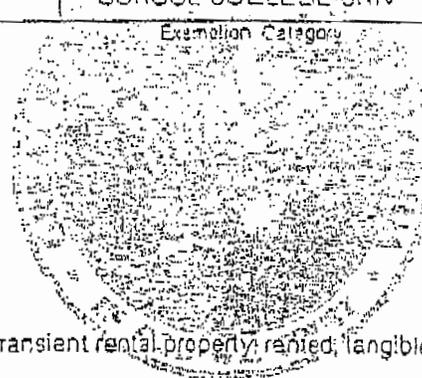
- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.



85-8012557304C-1	07/11/2005	07/31/2010	SCHOOL-COLLEGE-UNIV
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

MIAMI DADE COLLEGE
11011 SW 104TH ST
MIAMI FL 33176-3330



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



Important Information for Exempt Organizations

DR-14
R. 01/02

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.039, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is 5050 West Tennessee Street, Tallahassee, FL 32399-0100.

Agenda Item # : Miami Dade Homestead Campus

Legislative Timeline

Transit Committee		CITT Project/Finance Committee	N/A
BCC		CITT Full Trust	N/A

WHAT: Bus transportation

WHEN: Saturday, February 16, 2008

**WHERE: Homestead Medical Campus
500 College Terrance
Homestead, Fl.**

**TO: Miami Dade Medical College
950 NW 20th Street
Miami, Fl.**

COMMISSIONER SPONSOR: Commissioner Moss

DETAILS: 1 bus @ 68.40 per hour for 6 hours \$410.40
Travel miles 74.40
\$484.80

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Memorandum



Date: April 8, 2008

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

From: George M. Burgess
County Manager

Subject: District Specific In-Kind Reserve Request Recommendation

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 Miami-Dade College for the Community Health Fair event held on February 16, 2008.

In-kind services have been requested in an amount not to exceed \$485.00 from the Miami-Dade Transit Agency. This event will be funded from the District 9 in-kind reserve fund.

In FY 2007-08, Miami-Dade College has received a total of \$521,054 from the following sources: \$502,554 from the General Fund, \$5,000 from District 8 discretionary reserve, \$12,500 from District 10 discretionary reserve, and \$1,000 from District 12 discretionary reserve.

Inkind7208