

MEMORANDUM

Agenda Item No. 11(A) (26)

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

DATE: September 2, 2008

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

SUBJECT: Resolution retroactively
authorizing in-kind services
for the August 3, 2008
“Huntington’s Disease
Triathlon”

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



R. A. Cuevas, Jr.
County Attorney

RAC/up



MEMORANDUM

(Revised)

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

DATE: September 2, 2008

A handwritten signature in black ink, appearing to read "R. A. Cuevas, Jr." with a stylized flourish at the end.

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
Veto _____
Override _____

Agenda Item No. 11(A)(26)
9-2-08

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING 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 AUGUST 3, 2008 "HUNTINGTON'S DISEASE TRIATHLON" SPONSORED BY HUNTINGTON'S DISEASE SOCIETY OF AMERICA INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$10,448.00 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 BUDGET

WHEREAS, the Huntington's Disease Society of America, 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 August 3, 2008 "Huntington's Disease Triathlon" event in an amount not to exceed \$10,448.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Huntington's Disease Triathlon" is a fundraiser event to benefit people with the disease and all proceeds raised will go towards research and development in hopes of finding a cure and treatment; and

WHEREAS, the Huntington's Disease Society of America, Inc. is a not-for-profit organization; and

WHEREAS, the "Huntington's Disease Triathlon" event is a special event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$8,197.00 of the in-kind

services shall be funded in part from the Countywide In-kind Reserve Fund and \$2,251.00 of the in-kind services shall be funded in part 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 August 3, 2008 "Huntington's Disease Triathlon" event in an amount not to exceed \$10,448.00 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 Prime Sponsor of the foregoing resolution is Commissioner Carlos A. Gimenez. It was 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
Dorin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of September, 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.

GKS

Gerald K. Sanchez

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: Huntington's Disease Society of America
South Florida Chapter

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.): _____

Debbie Gromberg
13644 SW 92 Court
Miami, FL 33176
786-229-2371 hdtri@bellsouth.net

4. Specify fee waiver or in-kind service requested (quantify, if applicable): In Kind Services:

Police, Fire Rescue, Lifeguards, Park Services & Parking at
Crandon Park

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

Huntington's Disease Triathlon

Sprint Triathlon - .25 Mile Swim, 13 mile Bike, 3.1 mile run

Olympic Triathlon - 1.5 K Swim, 40 K Bike, 10 K Run

Event to benefit Huntington's Disease.

100% Proceeds used to Fund Research in Finding a Cure
or treatment for Huntington's Disease

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)): _____

Crandon Park

4000 Crandon Blvd.

Key Biscayne, FL 33149

8. Description of regional or local impact: Rickenbacker Causeway to be used for

Bike Course. ^{North} Side side of Causeway used for event

and South side of Causeway will be used for traffic flow.

Roadways back to normal flow by 9:00 am.

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

Event Date: Sunday, August 3, 2008 6:00 am - 11:00 am.

Set up: (At Crandon Park) Saturday Aug. 2, 2008 8:00-5:00

Breakdown Sunday, August 3rd 11:00 am to 2:00 pm.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Crandon Park will be Start and Finish.
Swim will be held on the beach, Bike Transition will be located in the Park, Bike course will travel on Rickenbacker Causeway and Run will be contained to the Park.
11. Expected number of participants and estimated attendance (per day, if applicable): 600 participants,
100 Volunteers, 200 Spectators.
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.

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


Signature of Authorized Representative

5/7/08
Date

NYS Department of State

Division of Corporations

Entity Information

Selected Entity Name: HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Selected Entity Status Information

Current Entity Name: HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

Initial DOS Filing Date: JANUARY 31, 1986

County: NEW YORK

Jurisdiction: NEW YORK

Entity Type: DOMESTIC NOT-FOR-PROFIT CORPORATION

Current Entity Status: ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)

HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC.

140 WEST 22ND STREET

SIXTH FLOOR

NEW YORK, NEW YORK, 10011

Registered Agent

NONE

NOTE: New York State does not issue organizational identification numbers.

[Search Results](#)

[New Search](#)

[Division of Corporations, State Records and UCC Home Page](#) [NYS Department of State Home Page](#)



HUNTINGTON'S DISEASE SOCIETY OF AMERICA
South Florida Chapter

12555 Biscayne Blvd. • N. Miami, Florida 33181
Family Helpline 305-274-7411

17th Annual Huntington's Disease Triathlon
Event Budget

Police Services	\$4,950.00
Fire Rescue	\$2,600.00
Life Guards	\$1,600.00
Park Services	\$2,000.00
Parking	\$1,500.00
Event Computer Timing	\$3,800.00
Equipment Rental	\$1,000.00
Event Awards	\$1,000.00
T-Shirts	\$1,600.00
Short Term Permit	\$ 300.00
Printing	\$ 500.00
Food/Beverage	\$ 600.00
Set up Supplies	\$ 250.00
Storage	\$1,400.00
Advertising	\$1,800.00
Insurance Fee	\$ 150.00
Barricades	\$ 3000.00
Ice	\$ 580.00
Officials	\$ 150.00
Total Expenses:	\$28,780.00

10

Dedicated to the detection and care of those who suffer from
Huntington's Disease and to its eradication through research.

Not-For-Profit • Tax Exempt



HUNTINGTON'S DISEASE SOCIETY OF AMERICA
South Florida Chapter

12555 Biscayne Blvd. • N. Miami, Florida 33181
Family Helpline 305-274-7411

17th Annual Huntington's Disease Triathlon
Income Source

Sponsors/Donations:	\$40,000.00
Participant Entries:	\$ 25,000.00
Income:	\$ 65,000.00

11
Dedicated to the detection and care of those who suffer from
Huntington's Disease and to its eradication through research.

Not-For-Profit • Tax Exempt



HUNTINGTON'S DISEASE SOCIETY OF AMERICA

South Florida Chapter

12555 Biscayne Blvd. • N. Miami, Florida 33181

Family Helpline 305-274-7411

Fees for In – Kind Services

Police	\$6,200.00
Fire	\$1,150.00
Parks	\$2,177.50
Parking	\$1,500.00
Total:	\$11,027.50

12

Dedicated to the detection and care of those who suffer from
Huntington's Disease and to its eradication through research.

Not-For-Profit • Tax Exempt

Memorandum



Date: September 2, 2008

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

From: George M. Borges
County Manager

Subject: Countywide and Fire District 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 countywide and fire district in-kind reserve balances allow for the funding of this request.

Background

A retroactive waiver for in-kind services is being requested by a not-for-profit organization the Huntington's Disease Society of America, Inc. for the Huntington's Disease Triathlon event held on August 3, 2008.

In-kind services have been requested in an amount not to exceed \$1,208 from the Miami-Dade Park and Recreation Department for the use of lifeguards, park services, and parking at Crandon Park, \$6,989 from the Miami-Dade Police Department for personnel services, and \$2,251 from the Miami-Dade Fire Rescue Department for personnel services for a total in-kind amount of \$10,448. 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, the Huntington's Disease Society of America, Inc. has received no County funding for this event.

Inkind12208