MEMORANDUM

Agenda Item No. 11(A)(29)

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 April 12, 2008 29th Annual 5K Walk/Run for Sickle Cell

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

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

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

SUBJECT: Agenda Item No. 11(A)(29)

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)(29)
9-2-08

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT FOR THE APRIL 12, 2008 "29TH ANNUAL 5K WALK/RUN FOR SICKLE CELL DISEASE" SPONSORED BY SICKLE CELL DISEASE ASSOCIATION OF AMERICA, MIAMI-DADE CHAPTER, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $1,050.00 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 April 12, 2008 "29th Annual 5K Walk/Run For Sickle Cell Disease" in an amount not to exceed $1,050.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "29th Annual 5K Walk/Run For Sickle Cell Disease" is a major fundraiser event designed to raise funds to support research and development, provide education 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 "29th 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 April 12, 2008 "29th

Annual 5K Walk/Run For Sickle Cell Disease" in an amount not to exceed $1,050.00 to be funded from the District 1 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Vice-Chairwoman Barbara J. Jordan. 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
Dorrin 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: 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
   - ☐ 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.): Astrid K. Mack Executive Director/ 794 NW 18th street, Miami, FL 33136. Telephone: (O) 305-243-6998; (C) 305-804-9865 (no reception, M-F, 8:30 am - 5:30 pm); (F) 305-243-2938; email: 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 @ Gate 4 @ NW 199th Street, NW 26th Avenue (@ 199th Street and @ 203rd street) and first aid and related services for ~300-500 runners/walkers.
5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The 29th 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.

   April 12, 2008
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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Jordan

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

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

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 Attachments 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.

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

Astrid K. Mack
Signature of Authorized Representative

02-20-08
Date

Attachment A

Event Schedule

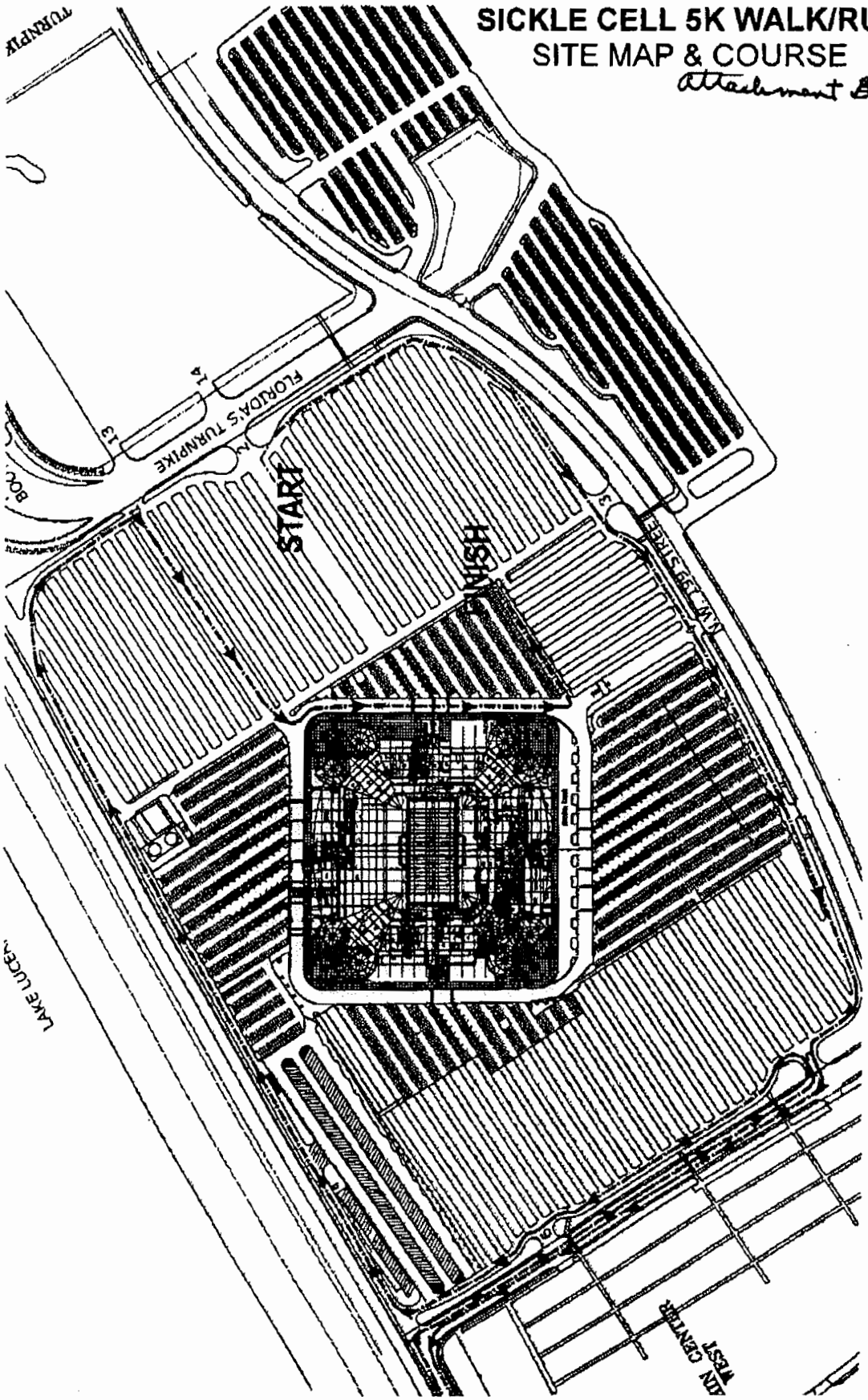
29th Annual 5K Walk/Run for Sickle Cell Disease
Saturday, April 12, 2008
Dolphin Stadium
2269 NW 199th Street
Miami Gardens, FL

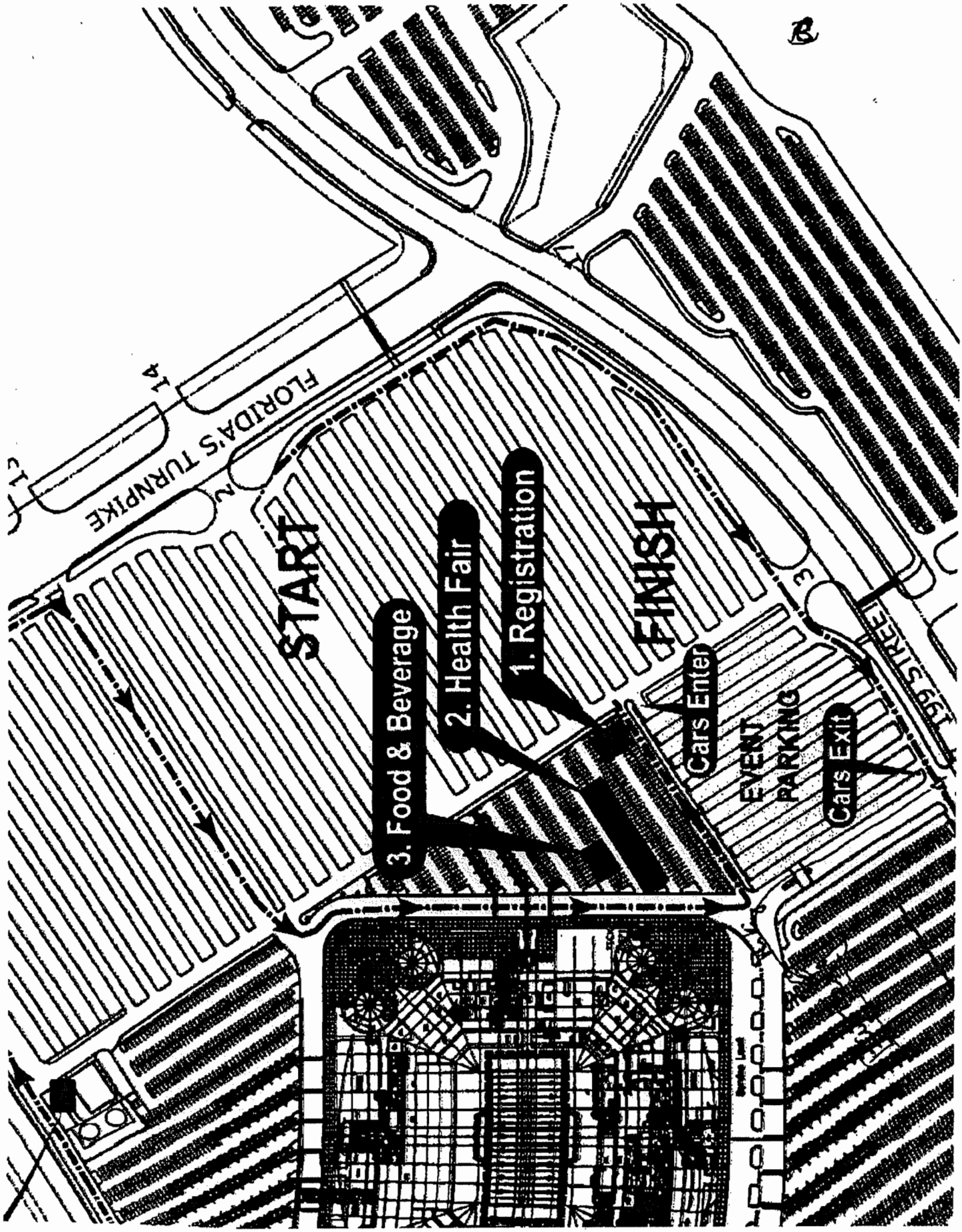
6:30 am	**Set-up**
7:00 am	**Registration**
7:45 am	**Pre-Walk Show**
8:00 am	**Race begins**
9:00 am	**Set-up for Health Fair**
10:00 am	**"Battle of the Drum Lines" begins**
2:00 pm	**Breakdown all venues/depart**

SICKLE CELL 5K WALK/RUN
SITE MAP & COURSE

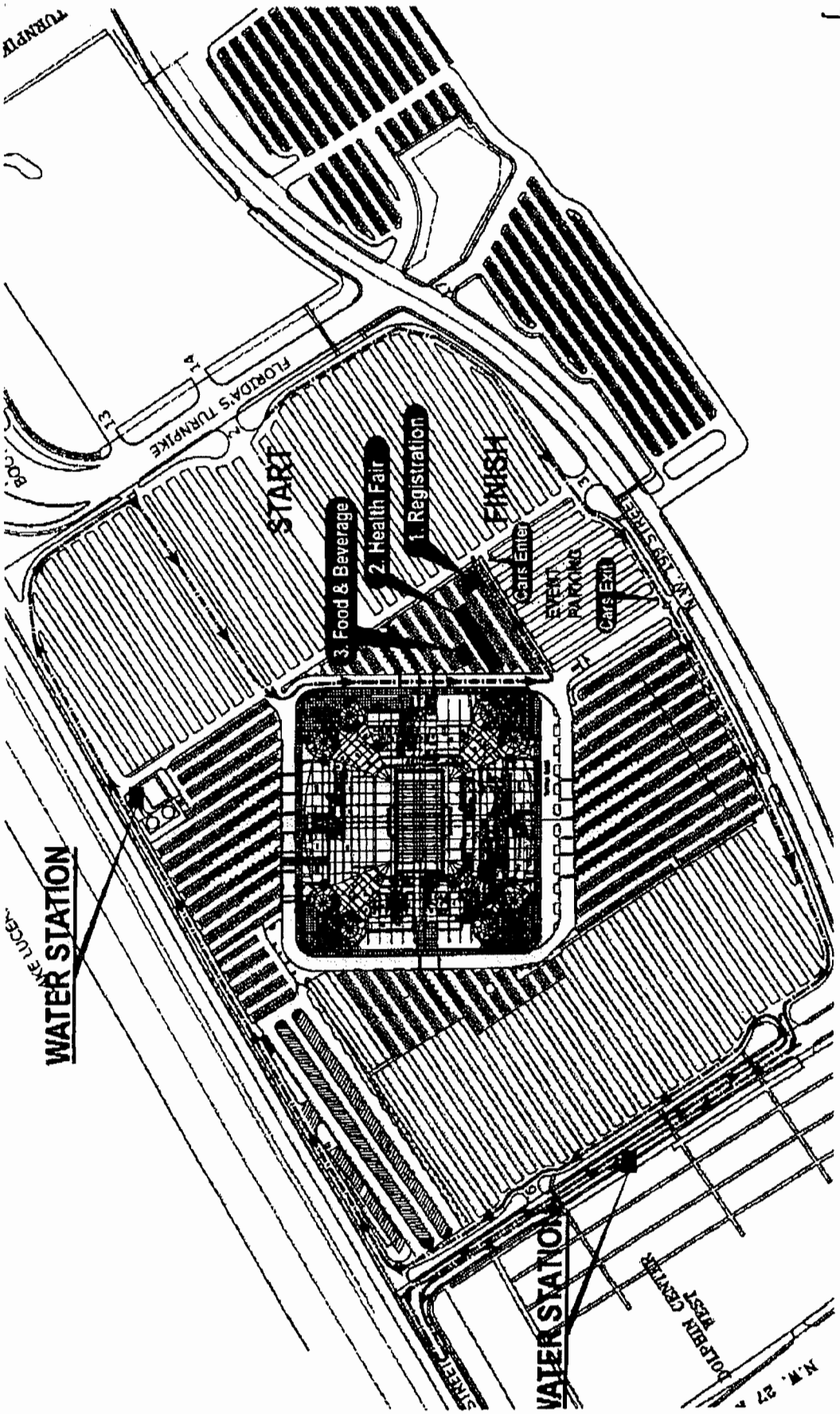
Attachment B

DOLPHIN STADIUM




FLORIDA'S TURNPIKE
START
FINISH
3. Food & Beverage
2. Health Fair
1. Registration
Cars Enter
Cars Exit
EVENT PARKING
199 STREET

DOLPHIN STADIUM



Attachment F

Budget

29th Annual 5K Walk/Run for Sickle Cell Disease
Saturday, April 12, 2008
Dolphin Stadium
2269 NW 199th Street
Miami Gardens, FL

Tee shirts:	**$2,000.00**
Awards:	**465.00**
DJ:	**300.00**
Race Scoring/Management:	**3,000.00**
Postage:	**750.00**
Total:	**$6,515.00**

00035

DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

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

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012582644C-1	03/20/2005	03/31/2010	01-Charitable Organization

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 rental property rented, tangible personal property purchased or rented, or services purchased.

Detail by Entity Name

Florida Non Profit Corporation

SICKLE CELL DISEASE ASSOCIATION OF AMERICA - MIAMI-DADE COUNTY CHAPTER, INC.

Filing Information

Document Number	743434
FEI Number	592685954
Date Filed	06/29/1978
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	08/20/2001
Event Effective Date	NONE

Principal Address

794 N.W. 18 STREET
MIAMI FL 33136

Mailing Address

794 N.W. 18 STREET
MIAMI FL 33136

Registered Agent Name & Address

MACK, ASTRID K.
794 NW 18TH STREET
MIAMI FL 33136 US

Name Changed: 04/10/1985

Address Changed: 04/10/1985

Officer/Director Detail

Name & Address

Title P

ARENAS, J.A. CHICO
9630 JOHNSON STREET
HOLLYWOOD FL 33025

Title TD

FFRENCH, HOWARD
2240 NW 196 TERRACE

13

MIAMI FL 33056

Title D

MACK, ASTRID K
5020 NW FIRST AVENUE
MIAMI FL 33127

Annual Reports

Report Year	Filed Date
2005	05/12/2005
2006	04/26/2006
2007	04/30/2007

Document Images

04/30/2007 -- ANNUAL REPORT	View image in PDF format
04/26/2006 -- ANNUAL REPORT	View image in PDF format
05/12/2005 -- ANNUAL REPORT	View image in PDF format
05/03/2004 -- ANNUAL REPORT	View image in PDF format
02/13/2003 -- ANNUAL REPORT	View image in PDF format
02/07/2002 -- ANNUAL REPORT	View image in PDF format
08/20/2001 -- Name Change	View image in PDF format
03/19/2001 -- ANNUAL REPORT	View image in PDF format
03/22/2000 -- ANNUAL REPORT	View image in PDF format
07/09/1999 -- ANNUAL REPORT	View image in PDF format
01/22/1998 -- ANNUAL REPORT	View image in PDF format
03/14/1997 -- ANNUAL REPORT	View image in PDF format
03/14/1996 -- ANNUAL REPORT	View image in PDF format
02/27/1995 -- ANNUAL REPORT	View image in PDF format

Note: This is not official record. See documents if question or conflict.

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Events **Name History**

Entity Name Search

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Memorandum

MIAMI-DADE COUNTY

Date: September 2, 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

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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 the Sickle Cell Disease Association of America, Miami-Dade County Chapter, Inc. for the 29th Annual 5k Walk/Run For Sickle Cell Disease event held on April 12, 2008.

In-kind services have been requested in an amount not to exceed $1,050 from the Miami-Dade Police Department for security services. This event will be funded from the District 1 in-kind reserve fund.

In FY 2007-08, the Sickle Cell Disease Association of America has received no County funding for this event.

Inkind8708