MEMORANDUM Agenda Item No. 11(A)(23)

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

DATE: November 20, 2008

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

SUBJECT: Resolution authorizing in-kind services for the October 11, 2008 "Miami-Dade Heart Walk" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Senator Javier D. Souto.

R. A. Cuevas, Jr.
County Attorney

RAC/cp

MEMORANDUM

(Revised)

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

DATE: November 20, 2008

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

SUBJECT: Agenda Item No. 11(A)(23)

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)(23)
11-20-08

RESOLUTION NO. _____

RESOLUTION 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 OCTOBER 11, 2008 "MIAMI-DADE HEART WALK" SPONSORED BY THE AMERICAN HEART ASSOCIATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $13,674.00 TO BE FUNDED IN PART FROM THE DISTRICT 10 IN-KIND RESERVE FUND AND IN PART FROM THE NON-AD VALOREM PORTION OF THE FIRE RESCUE DISTRICT BUDGET

WHEREAS, the American Heart Association, 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 October 11, 2008 "Miami-Dade Heart Walk" event in an amount not to exceed $13,674.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Miami-Dade Heart Walk" is a major fundraiser event that promotes awareness of cardiovascular disease; and

WHEREAS, proceeds from this event will be devoted to the American Heart Association's fight against our nation's number one and three killers, cardiovascular disease and strokes; and

WHEREAS, the American Heart Association, Inc. is a not-for-profit organization; and

WHEREAS, the "Miami-Dade Heart Walk" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $12,708.00 of the in-kind services shall be funded from the District 10 In-kind Reserve Fund and $966.00 of the in-kind services shall be funded from the non-ad valorem portion of the Fire Rescue District Budget,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board 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 October 11, 2008 "Miami-Dade Heart Walk" in an amount not to exceed $13, 674.00 to be funded in part from the District 10 In-kind Reserve Fund and in part from the non-ad valorem portion of the Fire Rescue District Budget.

The Prime Sponsor of the foregoing resolution is Senator Javier D. Souto. This resolution 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 20th day of November, 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.
Gerald K. Sanchez

GKS

10/11

MDPD $5,346.
Fire $966
Park $2516 + 4845.90 4846
7,362 $7361.90
$13,673.90

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

13,674.

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: American Heart Association, 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.):
   Brooke Gonzalez, 2600 SW 3rd Ave., Ste. 900, Miami, FL 33129
   305-856-1449 (office); 305-860-6780 (fax)
   Brooke.Gonzalez@heart.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Waiver of Tropical Park fees; Miami-Dade Police Dept.; Miami-Dade Fire Rescue; Showmobile (New Large) and generator;
   $5345.84 $4,845.90 $966 $2,516

(TIM BURNS)

10 Sponsor

5

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): 2008 Start! Miami-Dade Heart Walk, October 11, 2008; 3.1 mile walk to raise awareness in the community about cardiovascular 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)): Tropical Park, 7900 SW 40th Street, Miami, FL District 10

8. Description of regional or local impact N/A

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 5am- 1pm October 11, 2008

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): walk will begin in English Gardens and go through Tropical Park. Route will not go through public streets

11. Expected number of participants and estimated attendance (per day, if applicable): 4,000

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): 8% of overall money raised

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

Signature of Authorized Representative

11/13/07
Date

7

American Heart Association
Learn and Live.

Florida/Puerto Rico Affiliate
2600 S.W. 3rd Avenue, Suite 900
Miami, Florida 33129-2330
Tel 305.856.1449
Fax 305.860.6780
americanheart.org

November 13, 2007

Commissioner Javier Souto
District 10
9768 Coral Way
Suite One
Miami, Florida 33165

Dear Commissioner Souto:

Thank you so much for your support of the 2007 Start! Miami-Dade Heart Walk held on September 8 at Tropical Park.

Your generosity is greatly appreciated and really helped the event to be one of the best. Thanks to your support, we are right on target and hope to reach our goal. These funds will in turn aid in our efforts to fight against our nation's #1 and #3 killers, cardiovascular disease and stroke.

We are already planning for the **2008 Start! Miami-Dade Heart Walk which will be held October 11, 2008, at Tropical Park.** All proceeds from this event will benefit lifesaving research and educational programs in South Florida. We expect to attract approximately 4,000 participants.

We're hoping with your generous support again this year, we can move forward to reach our goal of $500,000. Please see the enclosed fee waiver/in-kind services application for the upcoming event. Based on your approval, the application can then be forwarded to Delores Green of the Office of Strategic Business Management.

Please feel free to contact me at (305) 856-1449 or brooke.gonzalez@heart.org with any questions or concerns. We look forward to maintaining our relationship with you.

With Heartfelt Thanks,

Brooke Gonzalez
Events Director

AMERICAN HEART ASSOCIATION OFFICES THROUGHOUT FLORIDA MEET ALL REQUIREMENTS SPECIFIED BY THE FLORIDA SOLICITATION OF CONTRIBUTIONS ACT. A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE WITHIN THE STATE (1-800-435-7352). REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE REGISTRATION # CH-495.
100% OF THE PROCEEDS BENEFIT THE MISSION OF THE AMERICAN HEART ASSOCIATION

A gift to heal the heart... remember us in your will today.

JAN-08-2008 10:56 From: To:305 375 5168 P.2/7

Fee Waiver/In-kind Services Application Check List

✓ 1. Is every item on the application completed?

✓ 2. Is the **Full Legal Name** of the organization listed on the application? Example:

- If the legal name of an organization is "We Fight Cancer One Person At a Time, Inc." that is what the application should state and not simply, "We Fight Cancer".

✓ 3. Is a copy of the non-profit status included with the application? A copy of that information can be downloaded from the Florida Corporation's Website:

http://www.sunbiz.org/corpweb/inquiry/cormenu.html

✓ 4. Are the following items indicated:

1. Type of Event (i.e. special, major, district, or small)
2. Applicant Status
3. Name of the Contact person for the organization
4. Physical Address of the Event
5. Specify the fee waiver or in-kind service requested

N/A 5. Have you included an **event budget** for "Special" and "Major" event types?

✓ 6. Has the authorized organization representative signed the application?

NOTE: ALL QUESTIONS MUST BE ANSWERED. IF ANY INFORMATION IS MISSING, THE APPLICATION WILL NOT BE ACCEPTED.

For OSBM Staff Use Only

____ Complete package received

____ Incomplete package, return to _____ _____ District _____

Reason(s): _____

_____

JAN-08-2008 10:56 From: To:305 375 5168 P.6/7

00875

FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

DR-14
R. 01/02

Issued Pursuant to Chapter 212, Florida Statutes

85-8012621870C-8	11/16/2003	11/30/2008	CHARITABLE ORGANIZATION
Certificate Number	Effective Date	Expiration Date	

This certifies that

FLORIDA/PUERTO RICO AFFILIATE
AMERICAN HEART ASSOCIATION INC
9900 DR MARTIN LUTHER KING JR ST N
SAINT PETERSBURG FL 33716-3801

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.

FLORIDA DEPARTMENT OF REVENUE

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.

Chairman of the Board
Gary L. Ellis

President
Daniel W. Jones, MD, FAHA

Chairman-Elect
David A. Josserand

President-Elect
Timothy J. Gardner, MD, FAHA

Immediate Past Chairman of the Board
Andrew B. Burcker, Esq.

Immediate Past President
Raymond J. Gibbons, MD, FAHA

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Executive Vice President Communications and Health Outreach
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Executive Vice President Corporate Secretary & General Counsel
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Executive Vice President Advocacy
Mark A. Schoeder

Executive Vice President Development
Suzie Upton

Executive Vice President Technology & Customer Strategies
Michael Wilson

"Building healthier lives, free of cardiovascular diseases and stroke."

American Heart Association. | American Stroke Association.
Learn and Live.
National Center
7272 Greenville Avenue Dallas, Texas 75231-4596 Tel 214.373.6300
americanheart.org

August 9, 2007

The purpose of this letter is to certify that the American Heart Association's 501(c)(3) federal tax exemption (Federal ID # 13-5613797) encompasses the National Center, all 9 affiliates and their offices.

- Great Rivers Affiliate (Delaware, Kentucky, Ohio, Pennsylvania & West Virginia)
- Greater Southeast Affiliate (Alabama, Florida, Georgia, Louisiana, Mississippi, Puerto Rico & Tennessee)
- Heritage Affiliate (Connecticut, New Jersey, Bronx, Kings, New York, Queens, Richmond/Staten Island & Long Island)
- Mid-Atlantic Affiliate (Maryland, North Carolina, South Carolina, Virginia & Washington, DC)
- Midwest Affiliate (Illinois, Indiana, Iowa, Kansas, Missouri, Michigan, Minnesota, Nebraska, North Dakota, South Dakota, Wisconsin)
- Northeast Affiliate (Maine, Massachusetts, New Hampshire, New York State [excluding Heritage's designated areas] Rhode Island & Vermont)
- Pacific/Mountain Affiliate (Alaska, Arizona, Colorado, Hawaii, Idaho, Montana, Oregon, Washington & Wyoming)
- South Central Affiliate (Arkansas, Oklahoma, New Mexico, Texas)
- Western States Affiliate (California, Nevada, Utah)

The exemption also encompasses the American Stroke Association, a Division of the American Heart Association.

Sincerely,

Theresa Schaider

Theresa Schaider
Director, Office of Finance

11

Please remember the American Heart Association in your will.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Foreign Non Profit Corporation

AMERICAN HEART ASSOCIATION, INC.

Filing Information

Document Number	F95000000136
FEI Number	135613797
Date Filed	01/09/1995
State	NY
Status	ACTIVE
Last Event	MERGER
Event Date Filed	09/04/1998
Event Effective Date	NONE

Principal Address

7272 GREENVILLE AVE
DALLAS TX 75231

Mailing Address

7272 GREENVILLE AVE
DALLAS TX 75231

Registered Agent Name & Address

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE FL 32301 US

Name Changed: 10/16/2000

Address Changed: 11/09/2006

Officer/Director Detail

Name & Address

Title COB

GARY, ELLIS L
7272 GREENVILLE AVENUE
DALLAS TX 75231

12

Title P

JONES, DANIEL W MD
7272 GREENVILLE AVE
DALLAS TX 75231

Title IPP

RAYMOND, GIBBONS MD
7272 GREENVILLE AVENUE
DALLAS TX 75231-5696

Title SEC

DEBRA, LOCKWOOD W CPA
7272 GREENVILLE AVE
DALLAS TX 75231

Title BM

JOSSERAND, DAVID
7272 GREENVILLE AVE
DALLAS TX 75231

Title BM

SPINA, DAVID A
7272 GREENVILLE AVE
DALLAS TX 75231

Annual Reports

Report Year	Filed Date
2006	01/17/2006
2007	05/02/2007
2008	05/15/2008

Document Images

05/15/2008 -- ANNUAL REPORT	View image in PDF format
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01/17/2006 -- ANNUAL REPORT	View image in PDF format
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08/05/2002 -- ANNUAL REPORT	View image in PDF format
08/16/2001 -- ANNUAL REPORT	View image in PDF format
10/16/2000 -- Reg. Agent Change	View image in PDF format
03/08/2000 -- ANNUAL REPORT	View image in PDF format
10/27/1999 -- ANNUAL REPORT	View image in PDF format
09/04/1998 -- Merger	View image in PDF format
08/04/1998 -- ANNUAL REPORT	View image in PDF format

MIAMI-DADE FIRE RESCUE DEPARTMENT
– SPECIAL EVENTS BUREAU –

9300 N.W. 41 STREET
DORAL, FLORIDA 33178
OFFICE (786) 331-5000 / FAX (786) 331-4435

SPECIAL EVENTS OVERTIME ESTIMATE SHEET

Invoice Number: _____ Date: _____

Control Number: _____ Prepared By: _____

VENDOR INFORMATION

Name: AMERICAN HEART ASSOCIATION

Billing Address: 2600 SW 3RD AVE., STE 900

City: MIAMI State: FL Zip Code: 33129

Phone Number: 305-856-1449 Fax Number: 305-860-67-6780

PERSONNEL

Rank / Title	Overtime Hourly Rate	Quantity	Event Hours	Total
Chief Fire Officer	$ 75.00			$ -
Captain	$ 65.00	1	8	$ 520.00
Lieutenant	$ 55.00			$ -
Fire Fighter	$ 50.00	1	8	$ 400.00
Fire Prevention Inspector	$ 55.00			$ -
Beach Manager	$ 30.25			$ -
Lifeguard 2	$ 26.75			$ -
Lifeguard 1	$ 22.75			$ -
Civilian (Overtime Rate Only) DISPATCHER	$ 30.00			$ -
			Personnel Total	$ 920.00

EQUIPMENT

Type	Hourly Rate	Quantity	Event Hours	Total
Pumper	$ 100.00			$ -
QRV / TRT	$ 65.00			$ -
Rescue Truck	$ 50.00			$ -
Motorcycle Unit	$ 40.00			$ -
Rescue Cart	$ 35.00			$ -
Rigid Hull Inflatable Boat (RHIB)	$ 35.00			$ -
Personal Watercraft (PWC)	$ 35.00			$ -
Bicycle Unit	$ 35.00			$ -
			Equipment Total	$ -
			Personnel Total	$ 920.00
			5% Administrative Fee	$ 46.00
			Total Event Estimate	**$ 966.00**

Please make checks payable to: **Board of County Commissioners**

Please note: The Board of County Commissioners set all rates through County Administrative Order 7-33.

NOTE: The above costs are only an estimate for your event. Any permit related inspection costs (tents, stages, etc.) and/or other related firewatch and rescue standby related costs will be borne by the vendor. Required permit inspections must be completed before occupying or use. After hours or weekend inspections will be billed at a rate of $50.00 per hour with a minimum 4-hour charge.

Rev. 06/29/06

Miami-Dade Fire Rescue Department
Headquarters
Special Events Bureau
Off Regular Duty Services Application

Event Information

Date of Request: 12/6/2007 **Application:** _____

Name of Organization: AMERICAN HEART ASSOCIATION

Address: 2600 SW 3RD AVE SUITE 900 MIAMI (City) FL (State) 33129 (Zip Code)

Phone: (305) 856-1449 **Fax:** (305) 860-6780

Type of Event: 6780 **Estimated Attendance:** _____

Site Address: WALKATHLON TO RAISE AWARENESS

Site Contact Person: BROOKE GONZALEZ **Phone:** (305) 856-1449

Date of Service: **From:** 10/11/2008 **To:** 10/11/2008

Hours of Operation: **From:** 5:00 AM **To:** 13:00 PM

Billing Information

Company / Person Name: SAME AS ABOVE

Address: _____ **Federal I.D.#** _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone: ( ) _____ **Fax:** ( ) _____

Type of Service Requested

(Please Check Appropriate Box)

- ☐ Firewatch
- ☐ New Construction
- ☐ Code Requirements
- ☐ Fair / Festival
- ☐ Use of Flammable
- ☐ Cooking Tents
- ☐ Fireworks, Explosive
- ☐ Rescue Stand-By
- ☐ Movie Shoot
- ☐ Concert
- ☐ Sporting Event
- ☐ Meeting
- ☐ Display
- ☐ Other (Specify): _____

See Reverse Side For Additional Important Information

Authority: - Section 1-16 of the Florida Fire Prevention Code empowers the local jurisdiction to establish and issue permits, certificates, notices and approvals, or orders pertaining to fire control and /or hazardous conditions. Requirements of permitting shall be established by the Fire Chief or his designee. Whenever, in the opinion of the designated fire official, rescue or firewatch may, be essential for the public safety in any place of assembly or due to the nature of the event, exhibition, display, contest or activity, the owner, agent or leasee shall employ one or more State Certified Firefighter, Fire Inspector, Paramedic or EMT's, as determined by section 2-56.2 of the Dade County Code. The cost of said personnel, equipment and administrative fees will be in accordance with Miami-Dade County Fire Rescue Department Administrative order 7-33, Special Events Off-Duty Fire Rescue Services. Vendors engaged in activities or functions for which such services are required and would be seen as necessary, shall comply with all rules, ordinances and laws.

Departmental Policy: - The Fire Rescue Department requires that all first time users of off regular duty services obtain an application until credit approval has been established. This application must be accompanied by FULL PAYMENT FOR THE ESTIMATED TOTAL COST. *ALL COMPENSATION DUE FOR SERVICES REQUEST WILL BE PREPAID BY MONEY ORRDER, CERTIFIED CHECK, TRAVELERS CHECK OR CASHIER'S CHECKS AT THE TIME OF APPLICATION OR AS DETERMIND BY THE CHIEF FIRE OFFICIAL RESPONSIBLE FOR OFF REGULAR DUTY SERVICES. ANY COMPENSATION OVER AND ABOVE THE RATE ESTABLISHED IS STRICTLY PROHIBITED. ALL FUNDS PREPAID AND NOT OBLIGATED WILL BE REFUNDED TO THE APPLICANT.*

The estimated cost of the requested service is: $ 966.00

The applicant is restricted to the general assignment of duties to be performed and has no authority over Fire Rescue Personnel. To avoid a minimum fee for Off Regular Duty Services, the Fire Rescue Department must be notified at least 24 hours in advance of any changes or termination of required services. An administrative charge for processing has been included in the total cost. If an event lasts longer than the prescribed period of time, the vendor agrees to pay any and all additional costs. IF a vendor fails to pay total cost or part there of, within (60) days, an additional (10%) administrative fee may be added.

I HAVE READ AND UNDERSTOOD THE PROVISIONS OF THEIS APPLICATION AND WILL ACT IN FULL COMPLIANCE OF THIS AGREEMENT.

Authorized Agency Representative	December 6, 2007 Date
Signature of the Firewatch Clerk	December 6, 2007 Date

For further Information and assistance, please contact the Special Events Bureau at (786) 331-5000 or Fax (786) 331-4435. Address 9300 NW 41st Street. Miami, Fl 33178

(For Fire Department Use Only)

Final Cost: $ _____

Signature: _____ _____

Chief Manny Mena or Designee
Fire Prevention Division
Special Events Bureau

Date

Green, Delores (OSBM)

From: Comesanas, David (MDPD)
Sent: Thursday, December 06, 2007 11:22 AM
To: Green, Delores (OSBM)
Cc: Fernandez, Frank (MDPD); Daker, Richard F. (MDPD)
Subject: RE: 2008 American Heart Walk

Good morning Dee,

The cost estimate for the above event is $5,345.84

Thanks,

David Comesañas, Sergeant
Miami-Dade Police Department
Special Events Unit
1519 NW 79 Avenue
Miami, Florida 33126
Office: 305-468-1209
Cell: 305-986-2454
Cell: 786-443-6117
mdpd.com
miamidade.gov

"DELIVERING EXCELLENCE EVERY DAY"

From: Green, Delores (OSBM)
Sent: Thursday, December 06, 2007 10:02 AM
To: Showmobile (MDPR); Gonzalez, Ivania (MDFR); Lamar, Adriana P. (WASD)
Cc: Gonzalez, Ana (MDPR); Daker, Richard F. (MDPD); Comesanas, David (MDPD)
Subject: FW: 2008 American Heart Walk

Good Morning,
Please provide a cost estimate for this event. Note the event has not been approved; however, I am asking you to provide a cost estimate. Thank you.

From: Green, Delores (OSBM)
Sent: Thursday, December 06, 2007 9:58 AM
To: Escobar, Bernardo (DIST10); Gonzalez, Aldo (DIST10)
Subject: 2008 American Heart Walk

OSBM has received the attached in-kind application from the American Heart Association, please advise if Senator Souto will be sponsoring this event. In the meantime, by way of this email, I am asking the Departments to provide us with a cost estimate while the application is under consideration.

Thanking you in advance.

Delores "Dee" Green
In-kind Contribution Coordinator
Office of Strategic Business Management
Ph: (305) 375-5143
Fax: (305) 375-5168

17

Green, Delores (OSBM)

From: Showmobile (MDPR)
Sent: Tuesday, January 08, 2008 1:27 PM
To: Green, Delores (OSBM); Gonzalez, Ana (MDPR)
Subject: RE: 2008 American Heart Walk

Delores, the cost for the large Showmobile and 20 KW generator for the event is $2,516. You'll have to get the cost of utilizing tropical Park from Tim Byrnes.

From: Green, Delores (OSBM)
Sent: Tuesday, January 08, 2008 12:38 PM
To: Showmobile (MDPR); Gonzalez, Ana (MDPR)
Subject: 2008 American Heart Walk

Good Morning,
Please provide a cost estimate for 2008 American Heart Walk for Showmobile, generator and waiver of Tropical Park fees. Note this in-kind is being sponsored by Commissioner Souto. Thank you.

From: Green, Delores (OSBM)
Sent: Thursday, December 06, 2007 10:02 AM
To: Showmobile (MDPR); Gonzalez, Ivania (MDFR); Lamar, Adriana P. (WASD)
Cc: Gonzalez, Ana (MDPR); Daker, Richard F. (MDPD); Comesanas, David (MDPD)
Subject: FW: 2008 American Heart Walk

Good Morning,
Please provide a cost estimate for this event. Note the event has not been approved; however, I am asking you to provide a cost estimate. Thank you.

From: Green, Delores (OSBM)
Sent: Thursday, December 06, 2007 9:58 AM
To: Escobar, Bernardo (DIST10); Gonzalez, Aldo (DIST10)
Subject: 2008 American Heart Walk

OSBM has received the attached in-kind application from the American Heart Association, please advise if Senator Souto will be sponsoring this event. In the meantime, by way of this email, I am asking the Departments to provide us with a cost estimate while the application is under consideration.

Thanking you in advance.

Delores "Dee" Green
In-kind Contribution Coordinator
Office of Strategic Business Management
Ph: (305) 375-5143
Fax: (305) 375-5168
E-mail: dxg@miamidade.gov

18

Tropical Park
American Heart Association
Walk-a-thon October 11, 2008
Proposed Fees As of 01/21/08

Stadium Fee: 7am to 3pm

- 1st 4 hours: $375.00 (no lights, large track meet)
- 2nd 4 hours $375.00 (no lights, large track meet)

Open Area Fee: (based on 2,000 people)

- Rental $925.00
- Clean up Deposit $800.00 (refundable)
- Additional 500 people
  - Rental $225.00
  - Clean up Deposit $200.00

English Gardens: 7am to 3pm

- 1st 4 hours: $150.00 (7am to 11am)
- Each additional hour: $50.00 (11am to 3pm = 4hrs X $50.00 = $200.00)

Staffing:
PRM 5 X 8hrs X $42.58 = $340.64
PRM 2 X 8hrs X $20.67 = $165.36
Park Attendant X 8 hrs X $15.78 = $126.24
P/T Custodial Worker X 8 hrs X $10.30 = $82.40
Park Service Aide X 8 hrs X $10.63 = $85.04
Park Service Aide X 8hrs X $10.63 = $85.04
Total: $884.72 X 30% Fringe & Benefits = $265.42
Grand Total for Staffing: $1,150.14

Cleaning Supplies:
Garbage Bags: 2 case of 200 bags: $30.79 X 2= **$61.58**

Overall Break down:
Stadium Fee: $750.00
Open Area Fee (based on 2,000 people): Rental: $925.00 + Clean up Deposit: $800.00
English Gardens: $ 350.00
Staffing: $ 1,150.14
Cleaning Supplies: $61.58
Total: $3,236.72
X 25% Administrative Overhead
$4,045.90 **Fee**
$ 800.00 **(Clean up Deposit (Refundable)**
Grand Total: $4,845.90

Memorandum

MIAMI-DADE COUNTY

Date: November 20, 2008

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

From: George M. Burgess
County Manager

Subject: District Specific In-Kind 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 has been requested by a not-for-profit organization the American Heart Association, Inc. for their Miami-Dade Heart Walk event scheduled for October 11, 2008.

In-kind services have been requested in an amount not to exceed $7,362 from the Miami-Dade Park and Recreation Department for waiver of Tropical Park fees, a large show mobile, and a 20 KW generator, $5,346 from the Miami-Dade Police Department for police services and $966 from the Miami-Dade Fire Rescue Department for fire rescue personnel and emergency medical services for a total in-kind amount of $13,674. This event will be funded in part from the District 10 in-kind reserve fund and in part from the non-ad valorem portion of the Fire Rescue District Budget.

In FY 2008-09, the American Heart Association, Inc. has received no county funding for this event.

Inkind00408