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

**TO:** Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners

**DATE:** April 7, 2009

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

**SUBJECT:** Resolution retroactively authorizing in-kind services for the March 8, 2009 "Miami Kidney Walk 2009"

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/cp

RESO\2078

# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners

**DATE:** April 7, 2009

**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 Mayor'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)
4-7-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT, THE MIAMI-DADE FIRE RESCUE DEPARTMENT, THE MIAMI-DADE POLICE DEPARTMENT AND THE MIAMI-DADE ELECTIONS DEPARTMENT FOR THE MARCH 8, 2009 "MIAMI KIDNEY WALK 2009" SPONSORED BY THE NATIONAL KIDNEY FOUNDATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $15,476.00 TO BE FUNDED IN PART FROM THE DISTRICT 7 IN-KIND RESERVE FUND AND IN PART FROM THE NON-AD VALOREM PORTION OF THE FIRE RESCUE DISTRICT BUDGET

**WHEREAS**, National Kidney Foundation, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department, the Miami-Dade Police Department, the Miami-Dade Fire Rescue Department and the Miami-Dade Elections Department for the March 8, 2009 "Miami Kidney Walk 2009" in an amount not to exceed $15,476.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the purpose of the "Miami Kidney Walk 2009" event is to raise funds for educational and treatment programs regarding kidney disease; and

**WHEREAS**, National Kidney Foundation, Inc. is a not-for-profit organization; and

**WHEREAS,** the "Miami Kidney Walk 2009" is a special event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $14,750.00 of the in-kind services shall be funded from the District 7 In-kind Reserve Fund and $726.00 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, the Miami-Dade Fire Rescue Department and the Miami-Dade Elections Department for the March 8, 2009 "Miami Kidney Walk 2009" event in an amount not to exceed $15,476.00 to be funded in part from the District 7 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:

Dennis C. Moss, Chairman
Jose "Pepe" Diaz, Vice-Chairman

Bruno A. Barreiro
Carlos A. Gimenez
Joe A. Martinez
Dorrin D. Rolle
Katy Sorenson
Sen. Javier D. Souto
Audrey M. Edmonson
Sally A. Heyman
Barbara J. Jordan
Natacha Seijas
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 7th day of April, 2009. 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

3/8
Police 3,546
Parks - 10,220
Fire - 726
elect - 984
15,476

**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 Kidney Walk 2009

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.): Lily Saborit - Managing Partner - Taurus Production Grp. TPGMIAMI@AOL.Com or (305) 710-1219, 286 Westward Drive, Miami Springs, FL 33166

4. Specify fee waiver or in-kind service requested (quantify, if applicable): We are requesting in-kind services and fee waivers for the following departments: Police, Fire, Parks and Recreation and Elections.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Miami Kidney Walk 2009
Sunday, March 8, 2009
Crandon Park, Key Biscayne
Registration: 8:00 AM
Walk: 10:00 AM

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 - Commissioner Carlos A. Gimenez Crandon Park
4000 Crandon Boulevard, Key Biscayne, FL 33149

8. Description of regional or local impact: See Attached

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
Registration: 8:00 AM
Walk: 10:00 AM
Breakdown: 12:00 PM

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

11. Expected number of participants and estimated attendance (per day, if applicable): 2007- attendance 1,000 2008-attendance 2,000 Estimated 2009- 3,000

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

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

[signature] Abelb
Signature of Authorized Representative

Date

on behalf of NKF
National Kidney Foundation

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Form **W-9**
(Rev. January 2005)
Department of the Treasury
Internal Revenue Service

# 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 (as shown on your income tax return)
National Kidney Foundation of Florida, Inc.

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☑ Corporation ☐ Partnership ☐ Other ▶ ☑ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
1040 Woodcock Rd. Suite 119

Requester's name and address (optional)

City, state, and ZIP code
Orlando, FL 32803

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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
| | | | | | | | | |

or

Employer identification number
5 9 - 2 1 9 0 0 7 3

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:

1. 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
2. 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
3. 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 ▶ Julie Vergara | Date ▶ 2/8/07

## 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. 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.*

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(b) for additional information.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

Internal Revenue Service

Department of the Treasury

District
Director

10 MetroTech Center
625 Fulton Street
Brooklyn, NY 11201

Date: SEP 30 1996

National Kidney
Foundation, Inc.
30 East 33rd Street
New York, NY
10016-5337

Person to Contact
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 13-1673104

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of National Kidney Foundation, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub 9/30/96
Patricia Holub
Manager, Customer
Service Unit

Name of Organization: National Kidney Foundation, Inc.

Date of Exemption Letter: September 1969

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

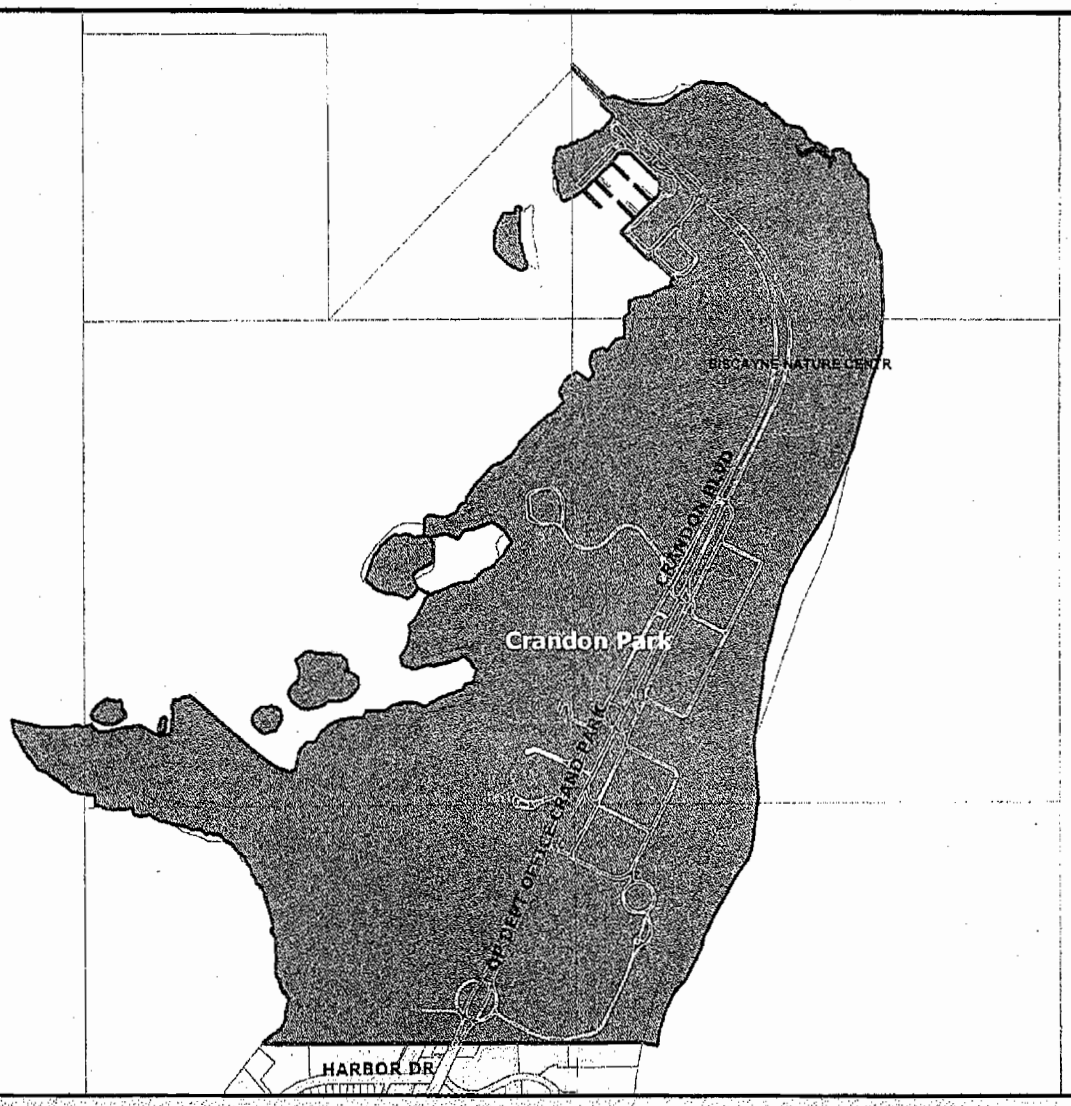
This is the Parent Organization with Group Exemption Number 2041

Miami Kidney Walk 2009
Miami Dade County Budget

| Department | Service | Quantity | Estimated Cost |
|---|---|---|---|
| Miami Dade County Elections | Tables and Chairs - Pick up and Delivery | 75 Tables and 150 Chairs | $ 200.00 |
| Park and Recreation | Show Mobile | 1 Large | |
| | Sound System | 1 Large | $ 5,000.00 |
| | Crandon Park Rental Fees: Rental, Parking, Maintenance and Clean-up | | $ 10,000.00 |
| Miami Dade County Police | Off Duty Officers | 5 Off Duty Officers (5 hours) | $ 1,500.00 |
| Miami Dade County Fire Rescue | Off Duty Officers | 2 Off Duty Fire Rescue | $ 750.00 |
| Total Requested In-kind Budget | | | $ 17,450.00 |

**Miami Walk 2009 Detailed Expense Budget**

| | |
|---|---|
| Staff Related Expenses | $2,500 |
| County Fees (Crandon Park) | $18,000 |
| Corporate Kick Off | $1,000 |
| Walk Supplies | $500 |
| Printing (brochure / posters) | $5,000 |
| Postage | $2,000 |
| Logistics | $15,000 |
| T-shirts | $4,500 |
| Incentives (Ipod/hats, gift cards) | $10,000 |
| Volunteer Shirts | $250 |
| Trophies | $600 |
| Banners | $1,000 |
| Awards Luncheon | $6,000 |
| | $66,350 |




MIAMI-DADE COUNTY
PARK AND RECREATION DEPARTMENT

N

1 inch equals 1,197.5 feet

0 335 670 1,340 2,010 2,680 Feet

MAP PREPARED BY:
MIAMI-DADE COUNTY
PARK AND RECREATION DEPARTMENT
PLANNING AND DEVELOPMENT

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**MIAMI-DADE**
**PARKS AND RECREATION DEPARTMENT**

**SPECIAL EVENT PERMIT**

Special Event: **Miami Kidney Walk** Class **C**

Promoter : **National Kidney Foundation of Florida**

Park Facility : **Crandon Park** Dates: **March 8,2009**

Hours of Operation: **6:00 am** to: **3:00 pm** Estimated Attendance/Day 3000

| | | |
|---|---|---|
| Terms: Facility Use Fee | $2,995 | |
| Security / Clean up Deposit | $1,500 | |
| Other Charges | $6,000 | Parking 1,200 cars |
| Facility Maintenance Surcharge | $877 | **Will perform their own Maintenance** |
| Total Due | **$9,871** | |

Park & Rec. Manager V: _____
Barton Mondell, P & R Manager 5

Event Coordinator Approval _____
Jose Toledo, Special Event Coordinator

Region Manager Approval _____
Alan Weitzel, Region 3 Manager

Assistant Director Approval: _____
**Frank Faragalli, Assistant Director for Operations**

Authorized pursuant to Administrative Order 8-5 titled Special Event Permits in County Park and Recreation Department Facilities ordered January 13, 2000.

Approved _____ Date_____
Jack Kardys, Director
Miami-Dade Parks and Recreation

# 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: February 3, 2009

Control Number: _____ Prepared By: MICHEL ANTOINE

### VENDOR INFORMATION

Name: NATIONAL KIDNEY FOUNDATION

Billing Address: 2561 CORAL WAY

City: MIAMI State: FL Zip Code: 33145

Phone Number: 305-854-8690 Fax Number: 305-854-4131

### PERSONNEL

| Rank / Title | Overtime Hourly Rate | Quantity | Event Hours | Total |
|---|---|---|---|---|
| Chief Fire Officer | $ 75.00 | | | $ - |
| Captain | $ 65.00 | 1 | 4 | $ 260.00 |
| Lieutenant | $ 55.00 | | | $ - |
| Fire Fighter | $ 50.00 | 2 | 4 | $ 400.00 |
| Civilian Inspector | $ 56.04 | | | $ - |
| Beach Manager | $ 30.25 | | | $ - |
| Lifeguard 2 | $ 26.75 | | | $ - |
| Lifeguard 1 | $ 22.75 | | | $ - |
| Civilian (Overtime Rate Only) DISPATCHER | $ 30.00 | | | $ - |
| | | | Personnel Total | $ 660.00 |

### 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 | $ 660.00 |
| | | | 10% Administrative Fee | $ 66.00 |
| | | | **Total Event Estimate** | **$ 726.00** |

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. 08/07/08

# Miami Dade Elections Department

# Quotation

*"Delivering Excellence Every Day"*

**DATE** February 11, 2009

2700 NW 87th Ave
Miami, FL 33172
Phone (305) 499-8559 Fax (305) 470-1784

**Bill To:**
Kim Hogan
Taurus Production Group
286 Westward Drive
Miami, Fl 33166
Phone (305) 883-9387

*Prepared by:* Zoraida D Cruz

**Comments or special instructions:**

| Description | AMOUNT |
|---|---|
| 125 Chairs $.25 | $ 31.25 |
| 70 Tables $.75 | $ 52.50 |
| Delivery Charge | $ 100.00 |
| 5 employees $20.00 hour for estimate 12 hours (6 hours delivery and 6 hours pick-up) | $ 800.00 |
| **TOTAL** | $ 983.75 |

**THANK YOU FOR YOUR BUSINESS!**

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Adobe Acrobat Standard - [National Kidney Found.pdf]

**MIAMI-DADE**
**PARKS AND RECREATION DEPARTMENT**

**SPECIAL EVENT PERMIT**

Special Event: **Miami Kidney Walk** Class **C**

Promoter: **National Kidney Foundation of Florida**

Park Facility: **Crandon Park** Dates: **March 8,2009**

Hours of Operation: **6:00 am** to: **3:00 pm** Estimated Attendance/Day 3000

| | | |
|---|---|---|
| Terms: Facility Use Fee | $2,995 | |
| Security / Clean up Deposit | $1,500 | |
| Other Charges | $6,000 | Parking 1,200 cars |
| Facility Maintenance Surcharge | $877 | **Will perform their own Maintenance** |
| Total Due | **$9,871** | |

Park & Rec. Manager V: _____
Barton Mondell, P & R Manager 5

Event Coordinator Approval _____
Jose Toledo, Special Event Coordinator

Is this the only estimate from Parks?

*Nadia L. Rodriguez*
*Office of Strategic Business Management*
*111 NW 1 St, 22nd Floor*
*Miami, Fl 33128*
*Tel: (305) 375-4183*

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# Memorandum

MIAMI-DADE COUNTY

**Date:** April 7, 2009

**To:** Honorable Chairman, Dennis C. Moss
and Members, Board of County Commissioners

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

**Subject:** District Specific and Fire District 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 district and fire specific 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 National Kidney Foundation, Inc. for the annual "Miami Kidney Walk 2009" event held on March 8, 2009.

In-kind services have been requested in an amount not to exceed $10,220 from the Miami-Dade Park and Recreation Department for the use of Crandon Park facilities, waiver of parking fees and a medium show mobile, $984 from the Miami-Dade Elections Department for use of tables and chairs rental, $3,546 from the Miami-Dade Police Department for personnel services, and $726 from the Miami-Dade Fire Rescue Department for personnel services for a total in-kind amount of $15,476. This event will be funded in part from the district 7 in-kind reserve fund and in part from the non-ad valorem in-kind reserve of the fire rescue district budget.

In FY 2008-09, the National Kidney Foundation, Inc. has received $500 from District 3 discretionary reserve, $500 from District 4 discretionary reserve, $500 from District 6 discretionary reserve, $1,000 from District 7 discretionary reserve, $1,000 from District 9 discretionary reserve, $2,000 from District 10 office funds, $500 from District 11 discretionary reserve, $1,000 from District 12 discretionary reserve, and $500 from District 13 discretionary reserve.

Inkind07009