MEMORANDUM

Agenda Item No. 11(A)(48)

TO:	Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners	**DATE:**	May 5, 2009
FROM:	R. A. Cuevas, Jr. County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services for the May 2-3, 2009 "Zimmerman MS Bike Ride" sponsored by the National Multiple Sclerosis Society

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/up

MEMORANDUM

(Revised)

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

DATE: May 5, 2009

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

SUBJECT: Agenda Item No. 11(A)(48)

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)(48)
5-5-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT AND THE MIAMI-DADE FIRE RESCUE DEPARTMENT FOR THE MAY 2-3, 2009 "ZIMMERMAN MS BIKE RIDE" SPONSORED BY THE NATIONAL MULTIPLE SCLEROSIS SOCIETY - SOUTH FLORIDA CHAPTER, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $66,618.00 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 National Multiple Sclerosis Society - South Florida Chapter, has requested in-kind services from the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the May 2-3, 2009 "Zimmerman MS Bike Ride" in an amount not to exceed $66,618.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Zimmerman MS Bike Ride" is a two day bike ride involving approximately 3,000 riders and 600 volunteers; and

WHEREAS, the purpose of the bike tour is to raise awareness regarding the substantial number of individuals and their families affected by multiple sclerosis, and to raise funds for medical research, outreach programs and advocacy; and

WHEREAS, National Multiple Sclerosis Society - South Florida Chapter, is a not-for-profit organization; and

WHEREAS, the "Zimmerman MS Bike Ride" is a special event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $58,500.00 of the in-kind services

shall be funded from the Countywide In-kind Reserve Fund and $8,118.00 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 Police Department and the Miami-Dade Fire Rescue Department for the May 2-3, 2009 "Zimmerman MS Bike Ride" in an amount not to exceed $66,618.00 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 Senator Javier D. Souto. 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	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Barbara J. Jordan	Joe A. Martinez
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of May, 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

57
police - 58,500
Fire - 8,118
66,618

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.)

1. Full legal name of the requesting organization: National Multiple Sclerosis Society – 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.): Attn: Cathy L. McCarthy, National Multiple Sclerosis Society, 3201 West Commercial Blvd Suite 127, Ft. Lauderdale, FL 33309 (954) 731-4224 Fax (954) 739-1398
   444-1887

4. Specify fee waiver or in-kind service requested (quantify, if applicable): In-Kind services for Miami-Dade Fire Rescue and Metro-Dade Police

5. Name, date of event, description, and purpose of the event (If event is a fund-raiser, define the beneficiaries): The Zimmerman MS Bike Ride is a two day bike ride that starts at University of Miami BankUnited Center in Coral Gables. This event will take place May 2nd & 3rd, 2009 and will host 3,000 riders and 600 volunteers. The purpose of the bike tour is to raise funds and awareness of the 15,000 people and their families affected by multiple sclerosis. Money raised at this event goes to research, programs, and advocacy to benefit the clients we serve in the South Florida area.

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)): University of Miami BankUnited Center, 1245 Dauer Drive, Coral Gables, FL 33146

6

Santo
10

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

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): Please see attached schedule for the weekend of the bike ride.

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

11. Expected number of participants and estimated attendance (per day, if applicable): 3,000 cyclists, 600 volunteers and National Multiple Sclerosis Society Staff

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

January 14, 2009
Date

3201 W. Commercial Blvd, Suite 127
Fort Lauderdale, Florida 33309

Tel: (954) 731-4224
Fax: (954) 739-1398

National Multiple Sclerosis Society
South Florida Chapter

SOME FAX ABOUT MS:

Multiple sclerosis is a chronic, sometimes progressive disease of the central nervous system
Nearly 200 people between 15 & 50 are newly diagnosed each week
Our mission is to end the devastating effects of multiple sclerosis

TO: ~~Delores Green~~ NADIA Rodriguez
FROM: Cathy McCarthy
FAX: 305-375-5168
PAGES: 5 (inc'l this)
DATE: 2/3/2009
CC:
RE: email: cathy.mccarthy@fls.nmss.org

Dear Delores,

It's that time of year again and we are gearing up for another record-breaking year for the Zimmerman MS Bike Ride.

I am enclosing our request for Miami-Dade County Fee Waiver/In-Kind Services Application per Mabel Melton. The actual amount and fee schedule has always come directly from the Police + Fire Depts. Please let me know if you need anything from me and feel free to contact me for additional information. Many thanks for your continued support of our event to end the devastating effects of Multiple Sclerosis.

Warmest Regards,
Cathy McCarthy 954-731-4224

Confidentiality Notice:

The information contained in the facsimile is legally a privileged and confidential information intended only for use of the individual or entity named. If the reader of this message is not the intended recipient or an employee or agent of the addressee, please do not read, use, disclose, copy or distribute this message, and do not take any action in reliance upon it.

If you have received this facsimile in error, please notify us immediately by telephone to arrange for its return. Thank you.

08015

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
12/11/08

85-8012674254C-6	12/05/2008	12/31/2013	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

NATIONAL MULTIPLE SCLEROSIS SOCIETY
SOUTH FLORIDA CHAPTER
3201 W COMMERCIAL BLVD STE 127
FORT LAUDERDALE FL 33309-3452

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. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, 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 PO BOX 6480, Tallahassee, FL 32314-6480.

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 10, 2009

Control Number: _____ Prepared By: LONIE BROWN

VENDOR INFORMATION

Name: NATIONAL MS SOCIETY (IN KIND)

Billing Address: 3201 COMMERCIAL BLVD.

City: FT LAUDERDALE State: FL Zip Code: 33029

Phone Number: 305-599-0299 Fax Number: 954-739-1398

PERSONNEL

Rank / Title	Overtime Hourly Rate	Quantity	Event Hours	Total
Chief Fire Officer	$ 75.00			$ -
Captain	$ 65.00	4	18	$ 4,680.00
Lieutenant	$ 55.00			$ -
Fire Fighter	$ 50.00	3	18	$ 2,700.00
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	$ 7,380.00

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	$ 7,380.00
			10% Administrative Fee	$ 738.00
			Total Event Estimate	**$ 8,118.00**

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

2009

The Zimmerman MS Bike Ride
CAMPAIGN PLANNING BUDGET:

South Florida

Prepared by: Cathy McCarthy

Date: July 18, 2008

		2009 Budget
4200	**Special Events Revenue** *(Exclude Pledge income. Income revenue other than those listed below)*	$ 1,993,950.00
4201	**Sponsorship Income**	$135,000.00
4204	**Merchandize Sales**	
4205	**Registration Fees 1025 @ $20**	$20,500.00
	Registration Fees 920 @ $40	$36,800.00
	Registration Fees 275 @ $50	$13,750.00
4206	**Transportation Fees**	
4208	**Raffle Income**	
4212	**Contribution Income** *(Pledges)*	

TOTAL INCOME =	$	2,200,000.00
BTD Expenses	$	266,665.44
Direct Expenses		45,183.03
TOTAL EXPENSES =	$	311,848.46
PERCENTAGE OF INCOME =		14.17%
NET TO CHAPTER =		$1,888,151.54

Memorandum

MIAMI-DADE COUNTY

Date: May 5, 2009

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

From: George M. Burgess
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 waiver for in-kind services is being requested by a not-for-profit organization the National Multiple Sclerosis Society - South Florida Chapter, for their "Zimmerman MS Bike Ride" event scheduled for May 2-3, 2009.

In-kind services have been requested in an amount not to exceed $58,500 from the Miami-Dade Police Department for personnel services and $8,118 from the Miami-Dade Fire Rescue Department for personnel services for a total in-kind amount of $66,618. 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 2008-09, the National Multiple Sclerosis Society has received no county funding for this event.

Inkind06009