

MEMORANDUM

Agenda Item No. 11(A)(34)

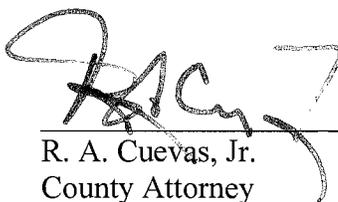
TO: Honorable Chairman Dennis C. Moss
and Members, Board of County Commissioners

DATE: May 5, 2009

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

SUBJECT: Resolution retroactively
authorizing in-kind services for
the March 21, 2009 "30th
Annual 5k Walk/Run for a
Cure" sponsored by Sickle
Disease Association of America

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



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) (34)

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) (34)
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 MARCH 21, 2009 “30TH ANNUAL 5K WALK/RUN FOR A CURE” SPONSORED BY THE SICKLE CELL DISEASE ASSOCIATION OF AMERICA – MIAMI-DADE COUNTY CHAPTER, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,406.00 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, Sickle Cell Disease Association of America - Miami-Dade County Chapter, Inc. has requested in-kind services from the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the March 21, 2009 “30th Annual 5K Walk/Run for a Cure” in an amount not to exceed \$2,046.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the “30th Annual 5K Walk/Run for a Cure” is to provide assistance and support to individuals and families with sickle cell disease, support research for a cure and educate the community; and

WHEREAS, the Sickle Cell Disease Association of America - Miami-Dade County Chapter, Inc. is a not-for-profit organization; and

WHEREAS, the “30th Annual 5K Walk/Run for a Cure” is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$2,046.00 of the in-kind services shall 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,

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 March 21, 2009 "30th Annual 5K Walk/Run for a Cure" in an amount not to exceed \$2,046.00 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.

The Prime Sponsor of the foregoing resolution is Commissioner 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:

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
Dorin 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

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09

Police - 1900 3/21
Rise - 506
2406

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:

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.

Commissioner sponsoring event Honorable Commissioner Barbara Jordan

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, 794 NW 18th Street, Miami, FL 33136 - Telephone (O) 305-243-5998; (C) 305-804-9865, (F) 305-243-2930 -

email address: amack@med.miami.edu or akm57@bellsouth.net

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Request is made to set up roadblocks and control traffic along the 5K Walk/Run from Dolphin Stadium, east on NW 199th Street, South on NW 12th Court, West on NW 196th Terrace, North on NW 14th Court, West on 199th Street, end at Dolphin Stadium (Gate 4). Also first aid and related services for approximately 500 runners/walkers.

Jordan
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Alexis

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MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
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5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The 30th Annual 5K (3.2 miles) Walk/Run for a Cure; Scheduled for March 21, 2009 at Dolphn Stadium. is the major fundraiser designed to provide assistance and support to individuals and families with sickle cell disease, support research for a cure and provide education and awareness to the entire Miami-Dade County community.
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)): Dolphin Stadium, 2269 NW 199th Street, Miami Gardens, FL 33056 – Commission District One
8. Description of regional or local impact: It is expected that this fundraising, health awareness and community awareness and building event will positively 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): See Attachment A

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 3

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

11. Expected number of participants and estimated attendance (per day, if applicable): It is expected that 300 - 500 persons will participate in the Walk/Run, with approximately 200 additional persons for the health fair and battle of the Drum Lines competition.

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Our partners: Dolphin Stadium, 100 Black Man of South Florida, Assurant, Jackson Health Systems, Miller School of Medicine, Radio Stations WHQT and 99 JAMZ are bearing most of the upfront costs, with the remainder being provided by SCDA. Additional sponsors and benefactors have been identified and are being sought to provide additional amenities.

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

Astrid K Mack
Signature of Authorized Representative

02-26-09
Date

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Attachment A

Event Schedule

**30th Annual 5K Walk/Run for Sickle Cell Disease
Saturday, March 21, 2009
Dolphin Stadium
2269 NW 199th Street
Miami, FL 33056**

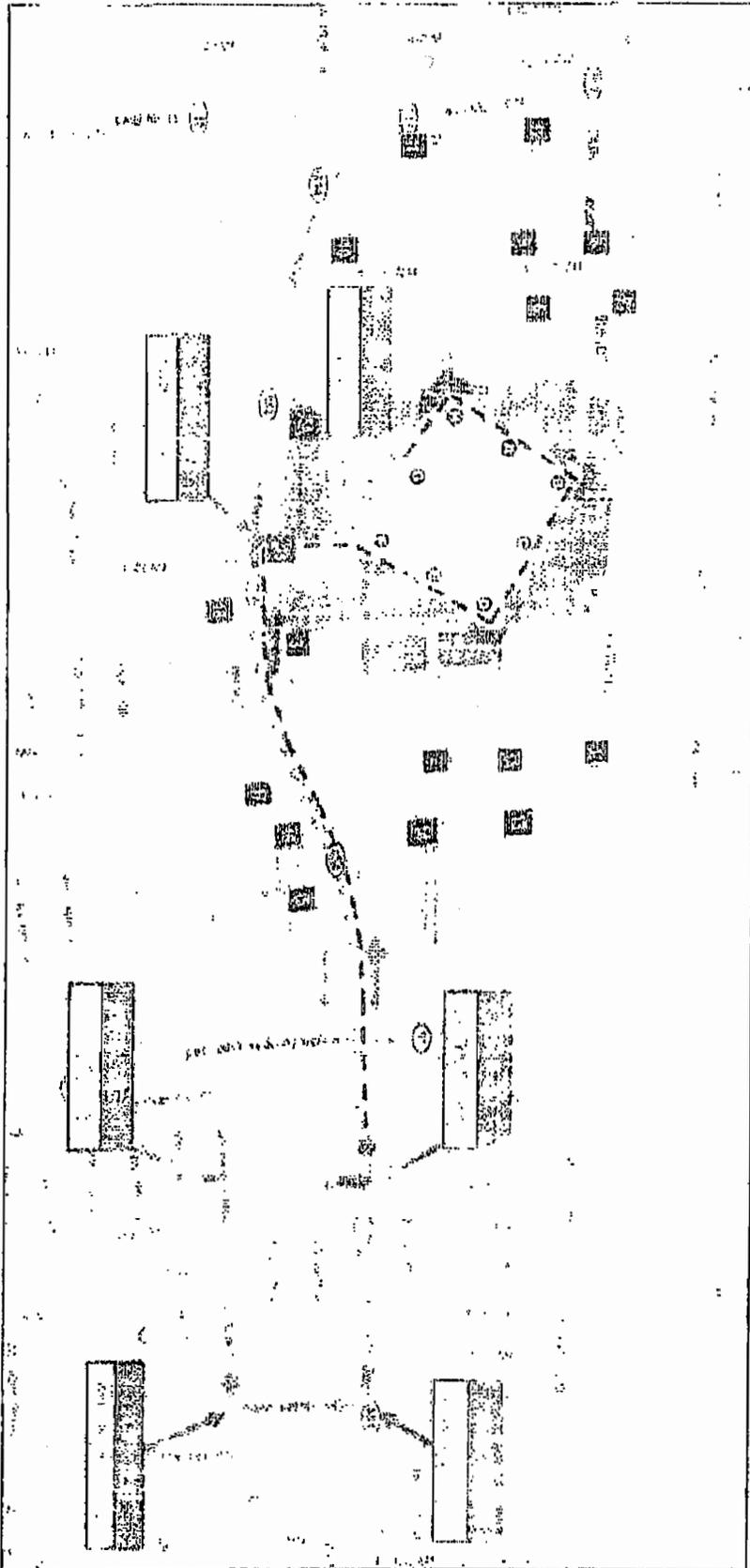
6:30 am	Set-up
7:00 am	Registration
7:45 am	Pre-Walk Show
8:00 am	Race begins
9:00 am	Set-up Health Fair
10:00 am	"Battle of the Drum Lines" begins
2:00 pm	Breakdown all venues/depart

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Attachment B

DOLPHIN

2009 SICKLE CELL 5K ROUTE MAP



Mar 4, 2009 12:08PM

NO. 1021 P. 4

Heard, Rhonda

From: Cheryl Whyne [cheryl.whyne@mgpdl.org]
Sent: Thursday, February 19, 2009 4:22 PM
To: Heard, Rhonda
Cc: Frank Trujillo
Subject: Off Duty
Attachments: MGPD OFF-DUTY APPLICATION 052908.doc; Off Duty Process Brochure 052908.doc

Good afternoon Ronda,

I am the Off Duty Coordinator and I have attached our brochure and application. The breakdown of your request will be the following:

1 Sergeant from 7am-10am 3 hrs \$135
6 officers from 7am-10am 3 hrs \$702
2 officers from 7am-12pm 5 hrs \$390
Total charge \$1227

*Cheryl Whyne, Court Liaison / Off Duty Coordinator
Support Services Division
1020 NW 163rd Drive
Miami Gardens, FL 33169
(305) 474-1412 office
(305) 474-1267 fax*



Miami Gardens Police Department

Special Event/Off-Duty Police Permit/Application

Permit Number _____

Temporary Permanent

A PERMIT WILL NOT BE ISSUED TO ANY PERSON, FIRM, OR ORGANIZATION WHOSE MEMBERS, BUSINESS, OR OPERATION IS QUESTIONABLE OR FOR ANY EVENT THAT WILL DISCREDIT THE EMPLOYEE OR DEPARTMENT. THE MIAMI GARDENS POLICE DEPARTMENT IS NOT OBLIGATED TO PROVIDE OFF-DUTY POLICE SERVICES. THE MIAMI GARDENS POLICE DEPARTMENT WILL ATTEMPT TO PLACE OFFICERS DURING THE REQUESTED DATES AND HOURS. DUE TO EMERGENCIES, INABILITY TO FIND AN OFFICER TO WORK THIS DETAIL OR OTHER UNFORESEEN CIRCUMSTANCES, THIS PERMIT MAY NOT BE FILLED WHEN REQUESTED. A REQUEST FOR AN OFF-DUTY DETAIL NEEDS TO BE SUBMITTED FOURTEEN DAYS IN ADVANCE OF THE EVENT. REQUESTS SUBMITTED LESS THAN THE ALLOCATED TIME WILL BE PROCESSED; HOWEVER IT IS UNLIKELY THE EVENT WILL BE STAFFED.

NAME OF APPLICANT (Business/Organization/Individual) <i>Dolphin Stadium</i>	DESIGNATED REPRESENTATIVE <i>G. Eric Knowles</i>	PHONE (DAY) <i>305-623-6286</i>	FAX NUMBER <i>805-623-6439</i>
AFTER HOURS CONTACT PERSON AND NUMBER <i>G. Eric Knowles</i>	CELLULAR TELEPHONE NUMBER <i>954-445-1226</i>	EMAIL ADDRESS <i>Rheard@dolphinstadium.com</i>	
ADDRESS OF EVENT/LOCATION <i>Dolphin Stadium 2269 DAN MARINO BLVD. MIAMI GARDENS, FL 33056</i>	BILLING ADDRESS (Permanent Address) <i>same</i>		
PERMIT SERVICE DATE(S), DAYS AND HOURS TO BE WORKED <i>3/21/09 5 hours TOTAL</i>	ADDITIONAL PERMITS (IF REQUIRED, APPLICABLE)	PREDICTED ATTENDANCE <i>200-400</i>	
EQUIPMENT REQUESTED: <input checked="" type="checkbox"/> MARKED VEHICLE NUMBER <i>3</i> <input checked="" type="checkbox"/> MOTORCYCLE NUMBER <i>6</i>	NUMBER OF OFFICERS REQUESTED <i>8</i>	SPECIAL SERVICES OR LOCATION TO BE PERFORMED:	
DESCRIPTION OF SERVICES NEEDED/TYPE OF EVENT: <i>5K Run FROM DOLPHIN STADIUM, EAST ON N.W. 199th STREET SOUTH ON NW 12 COURT, WEST ON NW 196 TERR, NORTH ON NW 14 COURT WEST ON NW 199 STREET - END @ DOLPHIN STADIUM</i>			
DOES THE ESTABLISHMENT HAVE A LIQUOR LICENSE? <i>N/A</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		LIQUOR LICENSE HOLDER NAME	
LIQUOR LICENSE TYPE _____		DATE OF BIRTH OF LICENSE HOLDER _____	
LIQUOR LICENSE NUMBER _____			
STAFFING REQUIREMENTS AND RATES			
CAPTAINS/SERGEANTS <i>1</i> @ \$45/HOUR (SUPERVISORY CAPACITY)		OFFICERS <i>8</i> @ \$39/HOUR	
RATES EFFECTIVE FEBRUARY 14, 2008			
NOTE: ALL OFFICERS WORKING A PERMIT ASSIGNMENT WILL RECEIVE A MINIMUM OF THREE (3) HOURS PAY, AS DUE THEIR RANK. THE ABOVE RATES ARE SUBJECT TO CHANGE. FOLLOWING SUCH CHANGE, THE DEPARTMENT SHALL GIVE NOTICE TO THE PERMITTEE WITHIN 14 DAYS. *See Off Duty Agreement			



Miami Gardens Police Department

Special Event/Off-Duty Police Permit/Application

Permit Number _____

Temporary Permanent

PERMIT CANCELLATION

THE POLICE DEPARTMENT CAN CANCEL A PERMIT AT ANY TIME, WITH OR WITHOUT CAUSE. THE PERMITTEE MAY CANCEL A PERMIT BY CONTACTING THE DEPARTMENTAL OFF-DUTY COORDINATOR AT (305) 474-1513, 72 HOURS PRIOR TO THE EVENT DURING BUSINESS HOURS, OR NON-BUSINESS HOURS BY CONTACTING THE COMMUNICATIONS FLOOR SUPERVISOR AT (305) 474-6473. IF THIS CANCELLATION IS NOT MADE AT LEAST 72 HOURS PRIOR TO THE DATE AND TIME OF THE PERMIT ASSIGNMENT, THE PERMITTEE MAY BE RESPONSIBLE FOR COMPENSATION TO THE DEPARTMENT AT THE MINIMUM NUMBER OF HOURS PAY FOR EACH OFFICER SCHEDULED.

I G. ERIC Knowles AS AUTHORIZED REPRESENTATIVE OF AFOREMENTIONED PERMITTEE, HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS PERMIT APPLICATION AND THE "CONDITIONS OF PERMIT", AND FURTHER AGREE THAT I WILL ABIDE BY AND BE SUBJECT TO THESE CONDITIONS IN ALL RESPECTS.

SIGNATURE OF PERMITTEE OR AUTHORIZED REPRESENTATIVE 	DATE 2-23-09
---	-----------------

OFFICE USE ONLY

GRANTED THE ABOVE APPLICATION FOR PERMIT IS HEREBY GRANTED, AND THE ABOVE APPLICATION, TOGETHER WITH THE AFOREMENTIONED "CONDITIONS OF PERMIT" ARE HEREBY ADOPTED, BY REFERENCE, AND ARE MADE A PART OF AND CONSTITUTE THE TERMS AND CONTITIONS OF THIS PERMIT.

CRIMINAL HISTORY COMPLETED BY: _____

Period of Employment: Beginning Date: _____ Ending Date: _____

Hours Worked: _____ from: _____ To: _____ From: _____ To: _____

AUTHORIZED SIGNATURE	DATE APPROVED
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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/EIN 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 US

Changed 04/28/2008

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

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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: March 18, 2009

Control Number: _____

Prepared By: LONIE BROWN

VENDOR INFORMATION

Name: <u>SICKLE CELL DISEASE ASSOCIATION(IN KIND SERVICES)</u>			
Billing Address: <u>794 NW 18TH STREET</u>			
City: <u>MIAMI</u>	State: <u>FL</u>	Zip Code: <u>33136</u>	
Phone Number: <u>305-324-6219</u>	Fax Number: <u>305-324-6285</u>		

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	1	4	\$ 200.00
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				\$ 460.00

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				\$ 460.00
10% Administrative Fee				\$ 46.00
Total Event Estimate				\$ 506.00

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.

Memorandum



Date: May 5, 2009

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

From: George M. Burgess
County Manager 

Subject: Countywide Reserve Request Recommendation

Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for this item to move forward to the Board of County Commissioners for consideration. The countywide and fire rescue 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 Sickle Cell Disease Association of America-Miami-Dade County Chapter, Inc., for their "30th Annual 5K Walk/Run for a Cure" event held on March 21, 2009.

In-kind services have been requested in an amount not to exceed \$1,900 from the Miami-Dade Police Department for personnel services and \$506 from the Miami-Dade Fire Rescue Department for personnel services for a total in-kind amount of \$2,406. 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 Sickle Cell Disease Association of America-Miami-Dade County Chapter, Inc. has received no county funding for this event.

Inkind09709