MEMORANDUM

Agenda Item No. 11(A)(10)

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

DATE: November 17, 2009

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

SUBJECT: Resolution retroactively authorizing in-kind services for the August 2, 2009 "18th Annual Huntington's Disease Triathlon"

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/up

MEMORANDUM
(Revised)

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

DATE: November 17, 2009

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

SUBJECT: Agenda Item No. 11(A)(10)

Please note any items checked.

_____ **"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**

_____ **Ordinance creating a new board requires detailed County Manager's report for public hearing**

_____ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous _____) to approve**

✓ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(10)
11-17-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT FOR THE AUGUST 2, 2009 "18th ANNUAL HUNTINGTON'S DISEASE TRIATHLON" SPONSORED BY THE HUNTINGTON'S DISEASE SOCIETY OF AMERICA, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $3,632.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

WHEREAS, Huntington's Disease Society of America, Inc. has requested in-kind services from the Miami-Dade Police Department for the August 2, 2009 "18th Annual Huntington's Disease Triathlon" in an amount not to exceed $3,632.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "18th Annual Huntington's Disease Triathlon" is a fundraiser to support research to find a cure or an effective treatment for Huntington's Disease; and

WHEREAS, Huntington's Disease Society of America, Inc. is a not-for-profit organization; and

WHEREAS, the "18th Annual Huntington's Disease Triathlon" is a special event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $3,632.00 of the in-kind services shall be funded from the Countywide 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 August 2, 2009 "18th

Annual Huntington's Disease Triathlon" in an amount not to exceed $3,632.00 to be funded from the Countywide 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	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Joe A. Martinez	Barbara J. Jordan
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 17th day of November, 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

In-Kind
Copy to
City of Miami
Venue
7-17-09
per Dessa/E

HUNTINGTON'S DISEASE SOCIETY OF AMERICA
South Florida Chapter
12555 Biscayne Blvd. • N. Miami, Florida 33181
Family Helpline 305-274-7411

May 1, 2009

Commissioner Carlos A. Gimenez
Stephen P. Clark Center
111 N.W. 1st Street Suite 220
Miami, FL 33128

Dear Commissioner Gimenez,

The Huntington's Disease Society of America (HDSA) is pleased to announce that the HDSA South Florida Chapter will be holding their 18th Annual Triathlon on Sunday, August 2, 2009 on Key Biscayne, Florida. This prestigious event consist of both an Olympic and Sprint Distance race. The Huntington's Disease Triathlon has raised more than $950,000.00 over the past 17 years. All proceeds support research to find a cure or an effective treatment for Huntington's Disease.

We ask that you join with the HDSA South Florida Chapter to support this popular athletic event that draws more than 600 participants each year. Your donation, largo or small will make a difference in the lives of our Huntington's Disease families in South Florida and across the United States.

Huntington's Disease is a hereditary brain disease that slowly robs the affected individual of his/her ability to walk, talk, think and reason. One in every 10,000.00 Americans is affected by HD and another 200,000 are "at risk" of inheriting the deadly gene. There is currently no effective treatment and no cure but there is *Hope.*

Thanks to the generous support of contributors like you, the Huntington's Disease Society of America has been able to raise funds for research that will eventually lead to an effective treatment and ultimately a cure. The Triathlon has become a signature event for the HDSA South Florida Chapter and, with your help; we can continue to make significant strides in solving the HD puzzle.

Please ***JOIN*** the HDSA South Florida Chapter to *make this the last generation with HD.*

Sincerely,

Debbie Gomberg
President

Dedicated to the detection and care of those who suffer from Huntington's Disease and to its eradication through research.

Not-For-Profit • Tax Exempt

5

Police - 3,632.82

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

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 Carlos A. Gimenez, District 7

1. Full legal name of the requesting organization: Huntington's Disease Society of America Inc. ~~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.):

Debbie Gomberg 786-229-2371 hdtri@bellsouth.net
13644 SW 92 court
Miami, FL 33176

4. Specify fee waiver or in-kind service requested (quantify, if applicable):

Police, Fire ~~Rescue~~, Park ~~Service~~ (Cr~~ooker Park~~)
Life~~guards~~, ~~Parking~~

7/27

(7)

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

The South Florida Chapter of the Huntington's Disease Society of America is holding our 18th Annual Huntington's Disease Triathlon. This will be a Sprint & Olympic distance and a special qualifer for the Age group Nationals. All proceeds from this event are to be used to fund research in finding a Cure or treatment for Huntingtons Disease. This event is put on by volunteers and 100% of funds raised are Restricted for research.

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)):

Crandon Park
4000 Crandon Blvd.
Key Biscayne, FL 33149

8. Description of regional or local impact: Rickenbacker Causeway where the bike portion of the event is impacted will have traffic deferred up until 9:30am. Crandon Park will be open to the public with No restrictions.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):

Setup will begin on July 31st at ~~Crandon Park~~. Event date is August 2nd and start time is 6:40 am. Finish will be at 1:00pm which includes breakdown of event.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): ~~Crandon Park - Swim~~
Rickenbacker Causeway - Bike
~~Crandon Park - Run~~

11. Expected number of participants and estimated attendance (per day, if applicable): 500 Participants
100 Volunteers and 250 spectators

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Total Event Budget $30,000.00 - Police $3200.00
Fire ~~Rescue~~ $2600.00, Lifeguards $1600.00 - Park Service $1600.00
Parking of participants/volunteers $1500.00 (See Attached)

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

Signature of Authorized Representative

5/9/09
Date

* Event moved to Virginia Key
MACPD is doing patrol of Causeway.

Internal Revenue Service

Date: October 14, 2005

HUNTINGTONS DISEASE SOCIETY OF AMERICA INC
505 8TH AVE STE 902
NEW YORK NY 10018-6588 274

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:
Richard E. Owens 31-07974
Customer Service Representative
Toll Free Telephone Number:
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
13-3349872
Group Exemption Number:
9201

Dear Sir or Madam:

This is in response to your request of October 14, 2005, regarding your organization's tax-exempt status.

In February 1988 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list your organization submitted as exempt from federal income tax under section 501(c)(3) of the Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services

HUNTINGTON'S DISEASE SOCIETY OF AMERICA
South Florida Chapter
12555 Biscayne Blvd. • N. Miami, Florida 33181
Family Helpline 305-274-7411

18th Annual Huntington's Disease Triathlon
Event Budget

Police Services	$ 4,950.00
Fire Rescue	$ 2,600.00
Life Guards	$ 1,600.00
Park Services	$ 2,000.00
Parking	$ 1,500.00
Event Timing	$ 3,800.00
Equipment Rental	$ 1,000.00
Awards	$ 1,000.00
T-Shirts	$ 1,600.00
Printing	$ 500.00
Food/Beverage/Ice	$ 1,000.00
Supplies	$ 300.00
Advertising	$ 2,800.00
Insurance Fees	$ 160.00
Traffic Control	$ 3,000.00
Race Officials	$ 150.00
Permits	$ 300.00
Total Expenses:	$28,260.00

HUNTINGTON'S DISEASE SOCIETY OF AMERICA
South Florida Chapter
12555 Biscayne Blvd. • N. Miami, Florida 33181
Family Helpline 305-274-7411

18th Annual Huntington's Disease Triathlon
Income Source

Sponsors/Donations	$ 25,000.00
Participant Entries	$ 32,000.00
Income	$ 57.000.00

Dedicated to the detection and care of those who suffer from
Huntington's Disease and to its eradication through research.

Not-For-Profit • Tax Exempt

Miami-Dade Police
Special Events Unit

7/27/2009

HUNTINGTON'S DISEASE TRIATHLON
PROPOSED IN KIND POLICE SERVICES BUDGET

SUNDAY, AUGUST 2, 2009
5:45 A.M. - 9:45 A.M.

	Personnel	Hours		
Lieutenant	1	4	$96.98	$387.92
Sergeants	2	8	$82.81	$662.48
Officers	10	40	$64.54	$2,581.60
			TOTAL	$3,632.00

The above figures were computed based on overtime-duty rates. These are estimated personnel costs which will vary based on projected hours and assignment of regular-duty personnel.

12

00009

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
04/07/09

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012595058C-0	11/30/2008	11/30/2013	501(C)(3) ORGANIZATION

This certifies that

HUNTINGTONS DISEASE SOCIETY OF
AMERICA INC
505 8TH AVE RM 902
NEW YORK NY 10018-6588

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.

Memorandum

MIAMI-DADE COUNTY

Date: November 17, 2009

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

From: George M. Burgess
County Manager

Subject: Countywide In-Kind Reserve Request Recommendation

Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends this item move forward to the Board of County Commissioners for consideration. The countywide 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, Huntington's Disease Society of America, Inc., for their "18th Annual Huntington's Disease Triathlon" event held on August 2, 2009.

In-kind services have been requested in an amount not to exceed $3,632 from the Miami-Dade Police Department for personnel services. This event will be funded from the countywide in-kind reserve fund.

In FY 2008-09, Huntington's Disease Society of America, Inc., received no county funding for this event.

Inkind15709