MEMORANDUM Agenda Item No. 11(A)(31)

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

DATE: December 1, 2009

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

SUBJECT: Resolution retroactively authorizing in-kind services for the November 22, 2009 "Feria de Salud: Por Tu Familia" event

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

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: December 1, 2009

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

SUBJECT: Agenda Item No. 11(A)(31)

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)(31)
12-1-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY 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 NOVEMBER 22, 2009 "FERIA DE SALUD: POR TU FAMILIA" SPONSORED BY THE AMERICAN DIABETES ASSOCIATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN THE AMOUNT NOT TO EXCEED $7,249 TO BE FUNDED IN PART FROM THE UNSPENT BALANCE OF THE DISTRICT 10 FY 2008-09 IN-KIND RESERVE FUND AND IN PART FROM THE UNSPENT BALANCE OF THE NON-AD VALOREM PORTION OF THE FIRE RESCUE DISTRICT BUDGET

WHEREAS, the American Diabetes 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 November 22, 2009 "Feria de Salud: Por Tu Familia" in an amount not to exceed $7,249.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Feria de Salud: Por Tu Familia" is an event that promotes diabetes awareness and early detection; and

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

WHEREAS, the "Feria de Salud: Por Tu Familia" is a district event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $6,341.00 of the in-kind services shall be funded from the unspent balance of the District 10 FY 2008-09 In-kind Reserve Fund and $908.00 of the in-kind services shall be funded from the unspent balance of 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 November 22, 2009 "Feria de Salud: Por Tu Familia" in an amount not to exceed $7,249.00 to be funded in part from the unspent balance of the District 10 FY 2008-09 In-kind Reserve Fund and in part from the unspent balance of the non-ad valorem portion of the Fire Rescue District Budget.

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
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 1st day of December, 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

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 Javier Souto

1. Full legal name of the requesting organization: American Diabetes Association

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.):
   Beatriz Gomez Galan
   8405 NW 53rd Street, Suite A-101
   305.477.8999 x3098, Fax 305.594.3029, bggalan@diabetes.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable):
   ① Tropical Park Fees for Feria de Salud: Por Tu Familia.
   Sunday, Nov. 22, 2009, 10Am - 3Pm.
   ② Large Showmobile
   ③ Metro-Dade Police (minimum 1 off duty)
   ④ Fire Rescue (must have on-site)

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 2

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Feria de Salud: Por Tu Familia - one day health event - free - to the public. Variety of health screenings, on-site diabetes education, demonstrations & exhibits. The goal is to increase awareness about diabetes & emphasize the importance of early detection & aggressive treatment.

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 33155
District 10

8. Description of regional or local impact: Impact is local - to the tri-county area. Feria is promoted to Miami-Dade, Broward & Palm Beach residents alike. Some promotion will occur in Monroe county as well.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
Feria times are 10AM - 3PM
set-up will begin Sat. Nov. 21st & breakdown occurs by 6:00PM on Nov. 22, 2009.

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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): Fona takes place in parking lot directly adjacent to Bird Road, under LED display & next to baseball field. Entrance is accessible from all sides - ornamin entrance - near baseball field. surrounding roadways will not be affected. Parking will be in the adjacent parking lots. Attached is event layout.

11. Expected number of participants and estimated attendance (per day, if applicable): expecting 2,000

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 budget

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

Beatriz Gomez Galan
Signature of Authorized Representative

9.14.09
Date

Form **W-9** (Rev. October 2007) 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)
American Diabetes Association

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☑ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶
☐ Other (see instructions) ▶

☑ Exempt payee

Address (number, street, and apt. or suite no.)
1701 North Beauregard Street

Requester's name and address (optional)

City, state, and ZIP code
Alexandria VA 22311

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.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
| | |

or

Employer identification number
13 | 1623888

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. citizen or other U.S. person (defined below).

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 ▶ [signature] Date ▶ 1/15/2009

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

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

Permit Number: _____ Date: September 15, 2009

Prepared By: LONIE BROWN

VENDOR INFORMATION

Name: AMERICAN DIABETES ASSOCIATION

Billing Address: 8405 NW 53RD STREET SUITE A-101

City: MIAMI State: FL Zip Code: 33128

Phone Number: 305-477-8999 Fax Number: 305-594-3029

PERSONNEL

Rank / Title	Overtime Hourly Rate	Quantity	Event Hours	Total
Chief Fire Officer	$ 75.00			$ -
Captain	$ 65.00	1	5	$ 325.00
Lieutenant	$ 55.00			$ -
Fire Fighter	$ 50.00	2	5	$ 500.00
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	$ 825.00

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	$ 825.00
			10% Administrative Fee	$ 82.50
			Total Event Estimate	**$ 907.50**

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. 04/17/09

Rodriguez, Nadia (OSBM)

From: Daker, Richard F. [RDaker@mdpd.com]
Sent: Wednesday, September 16, 2009 10:15 AM
To: Rodriguez, Nadia (OSBM)
Cc: Calzadilla, David (MDPD)
Subject: RE: american diabetes_ Feria de la Salud_ 11/22/09

Hi Nadia, The cost is $774.88 for two officers. Please let me know if this is approved.

Thanks

Sergeant R. F. Daker
Miami-Dade Police Department
Special Events Unit
1519 NW 79 Avenue
Miami, Fl 33126
Office: 305-468-1210
Fax: 305-470-1735

From: Rodriguez, Nadia (OSBM) [mailto:RODRINA@miamidade.gov]
Sent: Tuesday, September 15, 2009 3:07 PM
To: Daker, Richard F.
Subject: FW: american diabetes_ Feria de la Salud_ 11/22/09

From: Rodriguez, Nadia (OSBM)
Sent: Tuesday, September 15, 2009 2:42 PM
To: Antoine, Michel (MDFR); Daker, Richard F. (MDPD); Byrnes, Timothy (MDPR)
Subject: american diabetes_ Feria de la Salud_ 11/22/09

Please provide me with an estimate ASAP for the above event. Thanks.

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

Think Green. Please only print this e-mail if you need to.

Miami-Dade County is a public entity subject to Florida Statutes Chapter 119, Public Records. E-mail messages are subject to public records disclosure, and with limited exceptions are not exempt from chapter 119.

//

Internal Revenue Service

Date: September 21, 2007

AMERICAN DIABETES ASSOCIATION INC
NATIONAL OFFICE
1701 N BEAUREGARD STREET
ALEXANDRIA VA 22311-1742

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

Person to Contact:
Ms. Rolling 17-[illegible]
Customer Service Representative
Toll Free Telephone Number:
[illegible]
Federal Identification Number:
[illegible]
Group Exemption Number:
[illegible]

Dear Sir or Madam:

This is in response to your request of September 21, 2007 regarding a copy of your organization's group exemption letter.

In August 1998 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(a) of the Internal Revenue Code.

Based on the information supplied, we also recognized the subordinates named on the list your organization submitted as exempt from Federal income tax under 501(a) of the Code.

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

Sincerely,

Michele M. Sullivan

Michele M. Sullivan, Oper. Mgr.
Accounts Management Operations 1

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Feria de Salud: Por Tu Familia Budget 2009

Organization Information

Organization Name: American Diabetes Association
Project Title: Feria de Salud: Por Tu Familia

Budget Details

		Total Project Costs
A.	**Personnel Costs**	
	Key Staff Salaries:[1]	$80,000
	Key Staff Benefits:[1]	$5,000
	Consultant Fees:	$0
	Personnel Costs	**$85,000**
B.	**Operating Costs**	
	Facilities:	$9,000
	Equipment:	$12,000
	Office Supplies:	$2,000
	Printing and Publication:	$8,500
	Travel and Transportation:	$1,500
	Event & Meeting Expenses:	$2,500
	Other:	$0
	Operating Costs	**$35,500**
C.	**Indirect Costs**[2]	
		$0
D.	**Total Project Cost**	
	Total	**$120,500**

American Diabetes Association.
Cure • Care • Commitment

Project Objectives – Key Priorities

Enhance public awareness of the seriousness of diabetes and the value of early detection and aggressive treatment – with specific regard to the Hispanic population, which is 1.8 times more likely to have diabetes than non-Hispanics whites.

Conduct easily accessible education and prevention workshops at Feria to educate those with or at risk for diabetes on the complications associated with this disease.

Implement culturally specific on-site activities for the entire family that generate knowledge of the important role physical activity plays in preventing and/or delaying the onset of Type II diabetes – with specific regard to the Hispanic population.

Promote ADA-led collaborations with other local non-profits, commercial and governmental organizations offering assistance with low-cost health care, medication, treatment and education.

Educate participants about general advocacy rights – the importance of knowing your rights as a person or a caregiver of someone with diabetes (in general and specifically in the workplace) and knowing your rights as a parent of child with diabetes (in the school sector – Safe at School Campaign).

American Diabetes Association
Cure • Care • Commitment

Project Summary

General Diabetes Statistics and Feria Information:

Diabetes is a serious illness that disproportionately affects Hispanics; one in eight Hispanics have diabetes in comparison to one in twenty non-Hispanic whites. Diabetes is an incurable disease and is an urgent health problem in the Hispanic community. Therefore, it's important to educate the community about the seriousness of diabetes, proper management and its risk factors and to provide materials in an effort to assist individuals impacted by the disease.

Feria de Salud Por Tu Familia captures the festive elements of a street fair, but communicates the importance about choosing and managing a healthier lifestyle for the entire Hispanic family. The atmosphere includes music, dancing, nutritional information, cooking demonstrations, speakers on topics related to diabetes and a variety of products and service booths.

The American Diabetes Association (ADA) will host Feria de Salud: Por Tu Familia during Hispanic Heritage Month. **Feria de Salud Por Tu Familia, will be held on Sunday, November 22nd 2009, from 10:00 a.m. to 3:00 p.m., at Tropical Park – a park located in the heart of Westchester/Miami in Miami-Dade County.**

- The prevalence of diabetes is 1.8 times higher in Hispanics than Non-Hispanic Whites
- 61% of the population is Hispanic in Miami-Dade County (19% in Florida and 7% in the United States)
- 8.6% Hispanics have been diagnosed with diabetes in Miami-Dade County
- 2.6 million or 9.5% of all Hispanic Americans aged twenty years or older have diabetes
- An estimated 16% of Cubans in the United States between the ages of 45 and 74 have diabetes
- Approximately 24% of Mexican Americans and 26% of Puerto Ricans in the United States between the ages of 45 and 74 have diabetes
- Estimated that by 2020, 44% of Hispanics over the age of 65 will have diabetes

Feria Components:

- Education
  - Feria is a component of our Por Tu Familia Program – a nationwide community initiative started by the ADA to reach the Hispanic population – which is disproportionately affected by the disease.
  - At Feria, educational modules from the Por Tu Familia program will be implemented by health care professionals throughout the day. Modules are culturally specific and range from diabetes 101 (Poder Sobre la Diabetes) to complications such as cardiovascular disease (De Todo Corazon).
  - Attached please find a summary regarding each module to be implemented at Feria.
- Clinical
  - Health care professionals from various local hospitals and organizations including the Greater Miami Association of Diabtes Educators and the Hispanic Nurses Association, will be on-hand to not only conduct the above-mentioned modules, but also to serve as an information resource to those suffering with the disease.
  - Volunteer health care professionals will remain on-site throughout the span of the day and participants will be guided through the education area to not only obtain education, but to have the opportunity to speak with a health care professional regarding test results or any other diabetes-related question.
  - Health care professionals will include nurses, certified diabetes educators, cardiologists, dietitians, nutritionists, endocrinologists, internal medicine physicians and podiatrists.

- Advocacy
  - Dedicated area to the topic of advocacy or the rights of people with diabetes – including discrimination at work and school rights for children with diabetes.
  - Advocacy activity will be implemented – including a 'message' to your representative (state / federal / by district).
    - Pre-printed cards with postage will be made available for participants to fill out and personalize.
    - All cards will be mailed by the ADA – post Feria.

- Youth Zone
  - This zone is dedicated to reaching youth – a target population with regards to the importance of early detection, weight and obesity.
  - Age specific exercises, tailored education, Wizdom Kits and interactive sessions will all be provided for children and parents.
  - Learn about the various ways the ADA reaches out to youth – via Diabetes Camps, etc.
  - Local Lions Club will be partnering with us to enhance the area and will be working with us on supplying volunteers and health care professionals to run the area.

- The Main Stage will provide participants with interactive modules and entertainment.
  - Everybody Dance / Todos A Bailar – dance workshop – educating the participants on the importance of remaining physically active – even through a simple form of dance.
  - Everybody Move / Todos a Moverse – movement workshop – educating the participants on the importance of remaining physically active – through a variety of ways, including Zumba, aerobics, yoga, etc.
  - Health & Flavor in the Kitchen / Salud y Sabor en la Cocina – nutrition workshop incorporating live cooking demonstrations.
  - All live demonstrations will take place throughout the day on the Main Stage.

- All booths at Feria will be diabetes-related – nutrition, medication, exercise, podiatry, neuropathy, etc.

- Mundo ADA will provide all participants with a location to pick up general diabetes information. This includes information on type I & II, pre-diabetes, cardiovascular complications, everyday choices for a healthier life, etc.

Feria Registration / Evaluation Process

- Registration
  - Participants will be asked to register upon entering Feria.
  - Each registered participant will receive a goody bag, including a Feria SalvaVida (LifeSaver).

- Feria SalvaVida
  - Participants will be given a Feria SalvaVida at registration.
  - The SalvaVida serves as a passport of sorts – encouraging participants to visit all exhibit booths and to attend a minimum of 1 educational module.
  - Seperatly, the SalvaVida is used as an incentive, upon completion, can be used to enter into a chance drawing for ADA promotional material.

- Evaluation
  - As participants exit – each participant is asked to evaluate the Feria as a whole, including education, screenings, advocacy, youth zone, etc.
  - Separately, each educational module has a pre and post questionnaire, plus an overall module evaluation.
  - Each vendor is also asked to rate the event is terms of participants, layout, location, date, etc.
  - Committee members are asked to evaluate the event as well in terms of logistics, participant involvement, volunteers, etc.

Rodriguez, Nadia (OSBM)

From: Byrnes, Timothy (MDPR)
Sent: Friday, September 25, 2009 12:31 PM
To: Rodriguez, Nadia (OSBM)
Cc: Gonzalez, Ana (MDPR); Morgan, Tom (MDPR); Jayska, Amanda (OSBM)
Subject: RE: American diabetes_ Feria de la Salud_ 11/22/09

Nadia,
Per your request, please find below the cost for the aforementioned event on 11/22/09:

ITEM	COST	COMMENTS
SHOWMOBILE LARGE		
DELIVERY, SET UP, TEARDOWN, PICK UP	$ 350.00	
FIRST HOUR RENTAL	$1,216.00	
8 ADDITIONAL HOURS	$ 800.00	$100.00 PER HOUR
SUB TOTAL	$2,366.00	
GENERATOR 75KW	$ 500.00	
TOTAL ESTIMATED EVENT COST	$2,866.00	

If you need anything else let me know, have a great weekend,
Tim

Tim Byrnes, Tropical Park/Trail Glades Range/Showmobile Service Area Manager
Miami-Dade County Park and Recreation Department
Tropical Park 7900 SW 40th Street, Miami, FL 33155
305-226-8315 Phone, 305-553-8511 Fax
www.miamidade.gov/parks
"Delivering Excellence Every Day"

From: Rodriguez, Nadia (OSBM)
Sent: Thursday, September 24, 2009 3:43 PM
To: Byrnes, Timothy (MDPR)
Subject: FW: american diabetes_ Feria de la Salud_ 11/22/09

Tim,

Is this ready? I'm just waiting on your estimate. Thanks.

From: Rodriguez, Nadia (OSBM)
Sent: Tuesday, September 15, 2009 2:42 PM
To: Antoine, Michel (MDFR); Daker, Richard F. (MDPD); Byrnes, Timothy (MDPR)
Subject: american diabetes_ Feria de la Salud_ 11/22/09

Please provide me with an estimate ASAP for the above event. Thanks.

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Foreign Non Profit Corporation

AMERICAN DIABETES ASSOCIATION, INC.

Filing Information

Document Number	F98000001168
FEI/EIN Number	131623888
Date Filed	02/27/1998
State	OH
Status	ACTIVE

Principal Address

1701 N BEAUREGARD
ALEXANDRIA VA 22311

Changed 02/22/2000

Mailing Address

1701 N BEAUREGARD
ALEXANDRIA VA 22311

Changed 02/22/2000

Registered Agent Name & Address

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324 US

Officer/Director Detail

Name & Address

Title CH

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Memorandum

MIAMI-DADE COUNTY

Date: December 1, 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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The Office of Strategic Business Management (OSBM) reviewed the attached in-kind request and recommends this item 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 has been requested by a not-for-profit organization, American Diabetes Association, Inc. for their "Feria de Salud: Por tu Familia" event held on November 22, 2009.

In-kind services have been requested in an amount not to exceed $5,566 from the Miami-Dade Park and Recreation Department for the use of the Tropical Park facility, 75 KW generator, vendor fee, and one (1) show mobile; $775 from the Miami-Dade Police Department for personnel services; and $908 from the Miami-Dade Fire Rescue Department for personnel services for a total in-kind amount of $7,249. This event will be funded in part from the District 10 FY 2008-09 in-kind reserve fund unspent balance and in part from the unspent balance of the non-ad valorem portion of the Fire Rescue District Budget.

In FY 2009-10, the American Diabetes Association, Inc. has received no county funding for this event.

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