MEMORANDUM

Agenda Item No. 11(A)(23)

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

DATE: May 4, 2010

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

SUBJECT: Resolution retroactively authorizing in-kind services For the March 7, 2010 "Miami Kidney Walk 2010"

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: May 4, 2010

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

SUBJECT: Agenda Item No. 11(A)(23)

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)(23)
5-4-10

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE MARCH 7, 2010 "MIAMI KIDNEY WALK 2010" SPONSORED BY NATIONAL KIDNEY FOUNDATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $2,500.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 7 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, National Kidney Foundation, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the March 7, 2010 "Miami Kidney Walk 2010" in an amount not to exceed $2,500.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Miami Kidney Walk 2010" is to raise awareness and funding to support the Kidney Foundation's fight against kidney disease; and

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

WHEREAS, the "Miami Kidney Walk 2010" is a district event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $2,500.00 of the in-kind services shall be funded from the unspent balance of the District 7 FY 2008-09 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 for the March 7, 2010 "Miami Kidney Walk 2010" in an amount not to exceed $2,500.00 to be funded from the unspent balance of the District 7 FY 2008-09 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
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 4th day of May, 2010. 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

Parks - 2,500

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 _____

1. Full legal name of the requesting organization: National Kidney Foundation of Florida

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.): Logistics - Kim Hogan, 1130 Wren Avenue Miami Springs, FL 33166, 305.788.2270, khogan10@AOL.com

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

(5) - 1,000
(7) - 2,500

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Miami Kindney Walk 2010
Sunday, March 7, 2010
Raise awareness and funding to support the efforts of the National Kidney Foundation in the fight against Kidney disease.

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)): Commissioner Carlos Jimenez
Crandon Park
Key Biscayne, FL

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: 8:00AM
Walk: 10:00AM
Breakdown: 12:00PM

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 - 2,000 ; 2009 - 3,000 and 2010 - 3000-3,500

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 of Authorized Representative

2/16/2010
Date

on behalf of
National Kidney Foundation
of Florida

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.

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: 59-2190073

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 ▶ Juliet 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(a) 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.

8

May 16 07 01:13p

Internal Revenue Service

District
Director

Department of the Treasury

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

May 16 07 01:30p

2010 Miami Kidney Walk Budget

REVENUE STREAMS	PROJECTED GOALS	
Sponsorship	$	45,000.00
Past Corporate Teams	$	65,000.00
New Corporate Teams	$	35,000.00
Family Teams	$	13,000.00
TOTALS	**$**	**158,000.00**

EXPENSES		
Communications/PR/Ad	$	2,500.00
Logistics	$	10,000.00
Incentives	$	7,500.00
Team Captains Luncheon	$	3,500.00
T-shirts	$	3,000.00
Printing/Postage	$	5,000.00
Rentals (tents,stage,etc.)	$	3,500.00
TOTAL	**$**	**35,000.00**
Net		$123,000

Rodriguez, Nadia (OSBM)

From: Byrnes, Timothy (MDPR)
Sent: Thursday, February 18, 2010 3:00 PM
To: Rodriguez, Nadia (OSBM)
Cc: Gonzalez, Ana (MDPR); Parrado, George (MDPR); Weitzel, Alan (MDPR); Aleman, Jorge (MDPR); 'khogan10@aol.com'
Subject: RE: In-kind National kidney Foundation Walk, Crandon Park 03/20/10

Nadia,
Per your request, please find below the MDPR cost for what has been requested to date:

- Crandon Park Area Fee $1,628.00
- Crandon Park Picnic Shelter Rental $ 100.00
- Crandon Park Staff Cost $ 172.00
- Crandon Park Parking Fee $ (Event Organizer did not request this to be part of the In-Kind Request)
- Showmobile Large $2,500.00
- Sound Large $3,100.00
- Generator (75KW) $ 500.00
- Total Estimated Event Cost $8,000.00

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, February 18, 2010 11:39 AM
To: Sierra-Trujillo, Erika B. (Elections); Byrnes, Timothy (MDPR); Daker, Richard F. (MDPD)
Cc: Gonzalez, Ana (MDPR)
Subject: FW: In-kind

Please provide me with estimates for the event below. Thanks.

From: khogan10@aol.com [mailto:khogan10@aol.com]
Sent: Thursday, February 18, 2010 11:33 AM
To: Rodriguez, Nadia (OSBM)
Subject: Re: In-kind

Okay, I will do that.

Parks and Recreation: Park usage fees, Parking, Showmobile, Sound System and Generator

Elections Department: 100 Chairs and 60 Tables

Police: 5 Officers

Thank you and please let me know if there is anything else you need.

Sincerely,

Memorandum

MIAMI-DADE COUNTY

Date: May 4, 2010

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

From: George M. Burgess
County Manager

Subject: District Specific In-Kind Reserve Request Recommendation

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Recommendation

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 specific in-kind reserve balance allows for funding of this request.

Background

A retroactive waiver for in-kind services has been requested by a not-for-profit organization, National Kidney Foundation, Inc., for their "Miami Kidney Walk 2010" event held on March 7, 2010.

In-kind services have been requested in an amount not to exceed $2,500 from the Miami-Dade Park and Recreation Department for the use of a large show mobile. This event will be funded from the unspent balance of the District 7 FY 2008-09 in-kind reserve fund.

In FY 2009-10, National Kidney Foundation, Inc., received $500 from District 9 Discretionary Reserve Fund, $350 from District 4 Office Funds, $1,000 from District 5 Office Funds, $1,000 from District 10 Office Funds, and $1,000 from District 12 Office Funds.

Inkind04010