MEMORANDUM

Agenda Item No. 11(A)(14)

TO:	Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners	**DATE:**	June 3, 2010
FROM:	R. A. Cuevas, Jr. County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services for the February 21, 2010 "Walk Now for Autism"

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/cp

MEMORANDUM

(Revised)

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

DATE: June 3, 2010

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

SUBJECT: Agenda Item No. 11(A)(14)

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)(14)
6-3-10

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE FEBRUARY 21, 2010 "WALK NOW FOR AUTISM" SPONSORED BY THE AUTISM SPEAKS, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $5,000.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 7 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, Autism Speaks, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the February 21, 2010 "Walk Now for Autism" in an amount not to exceed $5,000.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Walk Now for Autism" is to, among other things, raise awareness about autism, provide information to the community and raise funds that will benefit research efforts and family services; and

WHEREAS, Autism Speaks, Inc. is a not-for-profit organization; and

WHEREAS, the "Walk Now for Autism" is a district event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $5,000.00 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 February 21, 2010 "Walk Now for Autism" in an amount not to exceed $5,000.00 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 3rd day of June, 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

4

Parks - 17,916
5000(7)
2/21/10

July 31, 2009

Commissioner Carlos A. Gimenez
District 7
Stephen P. Clark Center
111 N.W. 1st Street, Suite 220
Miami, Florida 33128

Dear Commissioner Gimenez:

On behalf of Autism Speaks, I would like to thank you and the Miami-Dade County Commission for your continued support for our Walk Program by underwriting the cost of the parking and the Showmobile for our Walk Now for Autism events for the past 10 years. In 2009, we raised over $550,000 for autism research, awareness and outreach thanks to your generosity.

We respectfully ask again for your support to pass a resolution to underwrite the cost of the Showmobile, parking for the 2008 Miami-Dade Walk Now for Autism event scheduled for Sunday, February 21, 2010 at Crandon Park on Key Biscayne and other expenses.

Autism was once thought to affect only one in 10,000 children. The Center for Disease Control reports one in 150 children are now diagnosed with this devastating disorder that affects families, schools, and the community at large. Every 20 minutes a new child is diagnosed and a new family is faced with the life changing impact that autism will bring to their lives.

Our event provides a wonderful opportunity for families to join in a day where everyone understands their child and situation while enjoying a beautiful walk along the beach, food, fun and entertainment as well as learning about the extensive community resources Miami-Dade County has to offer.

We greatly appreciate all you have done for us in the past and look forward to working with you again during our 10th Anniversary Walk season. I hope that we can count on the support of yourself and the rest of the Miami-Dade County Commissioners so we can provide this event at no cost to the families who participate and look forward to the Miami-Dade Walk Now for Autism each year.

Enclosed you will find our Fee Waiver/In-Kind Application, W-9 and our non-profit status letter. If you need any additional information please contact me at (305) 968-1799.

Sincerely,

Lourdes Folgosa, Executive Director
Miami-Dade County Chapter

cc: Jimmy Morales
Commissioner Jose "Pepe" Diaz

5

(7)

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.)

Note: Event budget must be included for "Special" and "Major" event types.

1. Full legal name of the requesting organization: AUTISM Speaks, 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.): Lula Folgosa + AUTISM Speaks, org
Lula Folgosa, Executive Director, Miami Dade County Chapter, AUTISM Speaks 305968-1799. Mellon Financial Center 1111 Brickell Ave, Suite 2801, Miami FL 33131 FAX 8 954 421-1054

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

Parking fee for 4000 CARS x $5 = $15,000 Personnel $1,03
Parking fee - area fee $5200 Maintenance fee
Police offians EMS Truck with 3 workers.

6

(1)

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

Autism Speaks, Walk Now for Autism Speaks 2010, Sunday February 21, 2010 - 10th Anniversary walk, Crandon Park on Key Biscayne. Walk Now for Autism Speaks is a family friendly non competitive walk and resource fair providing information to the Autism community and community at large. It is a family friendly fun filled event with children activities, music, local resources. Event goal is to raise Autism awareness advocacy, efforts and funds for research and family services

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)): District 7

Crandon Park, 4000 Crandon Boulevard, Miami, Florida.

8. Description of regional or local impact: This event will raise awareness about Autism throughout Dade County, and will provide resources to families. The event provides an opportunity for families living with Autism to enjoy a fun and informative day where the children are accepted and not judged

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Set up Saturday, February 20, 2010 after 2PM Sunday February 21 from 5:30 AM to 8:00, Registration begins. Walk and festivities begin 10-1PM Clean up completed 5PM.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): SEE EXIBIT A – ATTACHED.

11. Expected number of participants and estimated attendance (per day, if applicable): 12,000

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 exhibit B.

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

Signature of Authorized Representative

9/10/09
Date

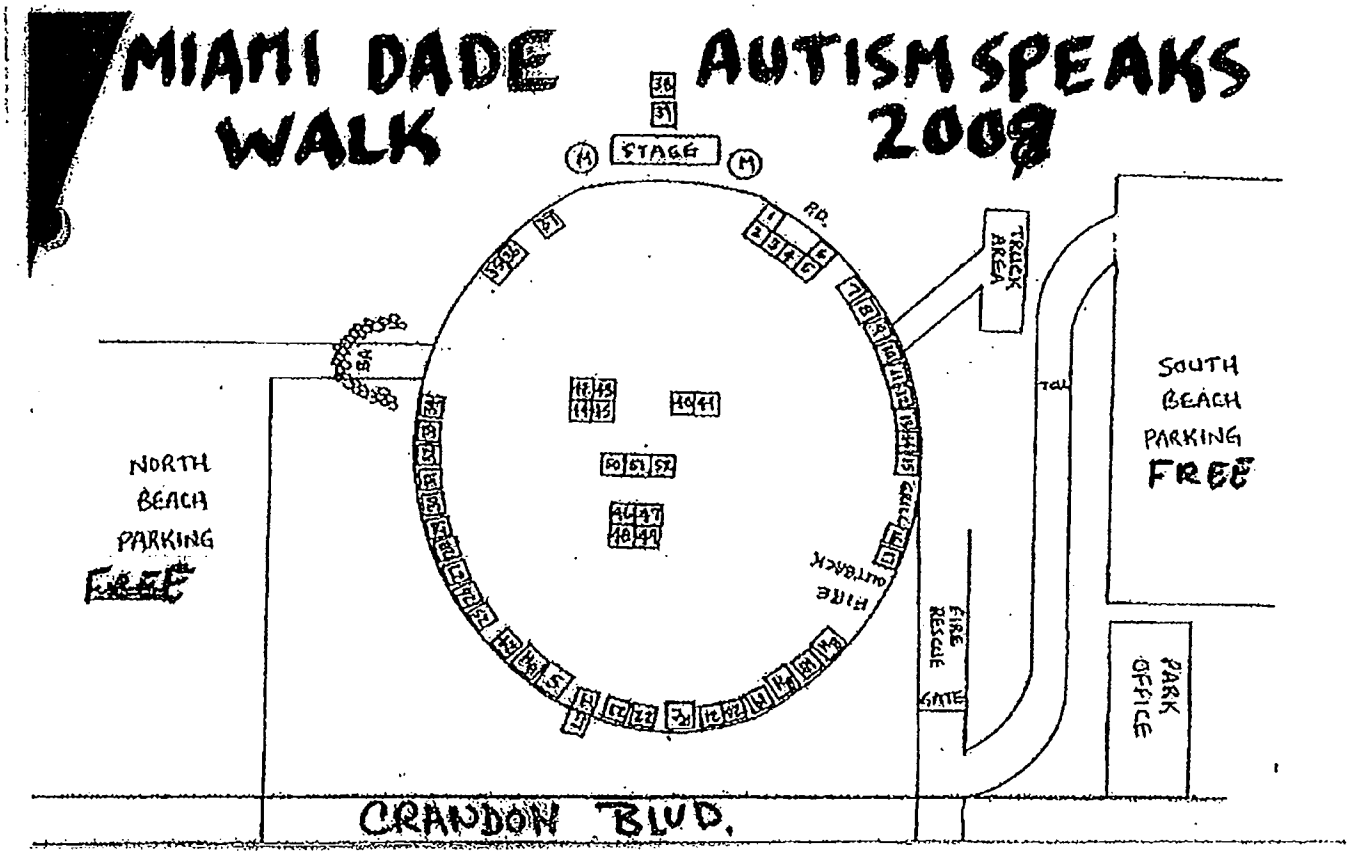

Exhibit A

4 of 8

4 of 8

Exhibit B

SPECIAL EVENT BUDGET

Describe fully the intended use, type of business and scope of operation:

DETAILED REVENUE

Source	Price	Total Amount of Income
Family + Corp Sponsorships		$100,000
Donations Collected by walkers		400,000
	Total Revenue:	500,000

DETAILED EXPENDITURES

Item	Total Amount of Expense
Walk Day Rentals	18,000
Kick Off Events	8,000
Printing	8,500
Mailing	3,000
Misc.	5,000
Total Expenses:	42,500
Net Income Expected:	$457,500

DETAILED IN KIND SERVICES

Item	Value of Contribution
Food, Entertainment, Children's Activities	12,500
PSA's + advertising IN kind.	5,000
Radio, Print media IN kind.	50,000
Total Value:	$67,500

Describe the intended use of net income generated from this special event: Autism Research advocacy + awareness AND Family Services.

5038

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Foreign Non Profit Corporation

AUTISM SPEAKS INC.

Filing Information

Document Number	F06000006102
FEI Number	N/A
Date Filed	09/22/2006
State	DE
Status	ACTIVE

Principal Address

2 PARK AVENUE 11TH FL
NEW YORK NY 10016

Mailing Address

2 PARK AVENUE 11TH FL
NEW YORK NY 10016

Registered Agent Name & Address

NATIONAL CORPORATE RESEARCH, LTD.
515 E PARK AVE
TALLAHASSEE FL 32301 US

Officer/Director Detail

Name & Address

Title C

WRIGHT, ROBERT C
30 ROCKEFELLER PLAZA 52ND FLOOR
NEW YORK NY 10112

Title VC

WRIGHT, SUZANNE
610 FIFTH AVE SUITE 604
NEW YORK NY 10020

Title P

ROITHMAYR, MARK
2 PARK AVENUE 11TH FL
NEW YORK NY 10016

Title ST

GEIER, PHILIP
70 E 55TH STREET 15TH FLOOR

6088

Form **W-9**
(Rev. January 2006)
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)
Autism Speaks

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶ Non-profit ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
2151 West Hillsboro Blvd #303

Requester's name and address (optional)

City, state, and ZIP code
Deerfield Beach, FL 33442

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.

Social security number
| | | | | | | | | |

or

Employer identification number
2 0 4 2 3 2 9 9 3 8

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

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 ▶ [signature] Date ▶ 2/23/07

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.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 21 2006

AUTISM SPEAKS INC
C/O PETER F OLBERG
MANATT PHELPS & PHILLIPS LLP
7 TIMES SQUARE
NEW YORK, NY 10036-0000

Employer Identification Number:
20-2329936
DLN:
17053049011005
Contact Person:
JOHN J KOESTER ID# 31364
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
DECEMBER 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
YES
Effective Date of Exemption:
FEBRUARY 11, 2005
Contribution Deductibility:
YES
Advance Ruling Ending Date:
DECEMBER 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

Letter 1045 (DO/CG)

7088

13

AUTISM SPEAKS INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

Letter 1045 (DO/CG)

808

14

CRANDON PARK SPECIAL EVENT FEES

Mission Statement
We create outstanding Recreational, Natural, and Cultural experiences to enrich you and to enhance our community for this and future generations.

Estimated Attendance				**10,000**	
	Cost			*Total*	
Parking cost	$ 5.00			$ 15,000	
Area Fees (per person)	$ 0.52			$ 5,200	based on attendance
Personnel	*cost*	*# Hrs*		*Cost*	
Early Gate	$ 27.00	1	3	$ 81	
Facility Supervisor	$ 17.00	1	8	$ 136	
Maintenance Supervisor	$ 28.30	1	8	$ 226	
Maintenance Operator	$ 22.80	1	8	$ 182	
Park Service Aid	$ 12.80	4	8	$ 410	
				$ 1,035	
SUBTOTAL				$ 21,235.40	
Deposit				$ -	
Park Improvement Surcharge				$ -	
Damage Deposit				$ -	
Tax Rate				0.0	
Tax				$ -	
TOTAL				$ 21,235.40	
Total Amount Due				**$ 21,235.40**	

Waivers
Any and all waivers of fees or surcharges must be approved by a majority of the Board of County Commissioners members present, and shall be granted only if the Event Organizer can provide evidence that such fees and surcharges exact an undue burden on event guest.

Fee for County Services
The Event Organizer is required to fully reimburse to the Miami-Dade Parks and Recreation Department for any and all costs borne by the Department. If any department staff and/or equipment is required to assist to operate or provide maintenance for an event, the Department shall be compensated for the full cost of providing the support.

Park Improvement Surcharge
The Event Organizer will be responsible for remitting a per patron surcharge, the of which shall be evaluated annually and approved by the Department Director, to be reinvested in the Park and Recreation Facility hosting the Special Event to offset higher than customary deterioration of the facility.

00051

FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
06/19/08

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8013847573C-3	04/30/2007	04/30/2012	501(C)3 ORGANIZATION

This certifies that

AUTISM SPEAKS INC
2 PARK AVE 11TH FL
NEW YORK NY 10016-5676

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.

FLORIDA DEPARTMENT OF REVENUE

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.

TAX ID#
20-2329938

Memorandum

MIAMI-DADE COUNTY

Date: June 3, 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

---

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, Autism Speaks, Inc., for their "Walk Now for Autism" held on February 21, 2010.

In-kind services have been requested in an amount not to exceed $5,000 from the Miami-Dade Park and Recreation Department for the open space and parking fee waiver at Crandon Park. This event will be funded from the unspent balance of the District 7 FY 2008-09 in-kind reserve fund.

For FY 2009-10, Autism Speaks, Inc., received no funding for this event.

Inkind04310