

MEMORANDUM

Agenda Item No. 11(A)(25)

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

DATE: July 8, 2010

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

SUBJECT: Resolution retroactively authorizing
in-kind services for the April 18,
2010 "Walk the Talk"

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Joe A. Martinez.



R. A. Cuevas, Jr.
County Attorney

RAC/cp



MEMORANDUM

(Revised)

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

DATE: July 8, 2010

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

SUBJECT: Agenda Item No. 11(A)(25)

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)(25)

7-8-10

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE APRIL 18, 2010 "WALK THE TALK" EVENT SPONSORED BY EPILEPSY FOUNDATION OF FLORIDA, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,515.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 11 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, Epilepsy Foundation of Florida, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the April 18, 2010 "Walk the Talk" in an amount not to exceed \$1,515.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Walk the Talk" is a fundraiser which brings the community together to raise awareness about epilepsy and the services provided by the Epilepsy Foundation; and

WHEREAS, Epilepsy Foundation of Florida, Inc. is a not-for-profit organization; and

WHEREAS, "Walk the Talk" is a district event, as defined in the attached Fee Waiver/In-kind Service Application, and \$1,515.00 of the in-kind services shall be funded from the unspent balance of the District 11 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 April 18, 2010 "Walk the Talk" in an amount not to exceed \$1,515.00 to be funded from the unspent balance of the District 11 FY 2008-09 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Joe A. Martinez. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

- | | |
|---------------------------------|--------------------|
| Dennis C. Moss, Chairman | |
| Jose "Pepe" Diaz, Vice-Chairman | |
| Bruno A. Barreiro | Audrey M. Edmonson |
| Carlos A. Gimenez | Sally A. Heyman |
| Barbara J. Jordan | Joe A. Martinez |
| Dorin D. Rolle | Natacha Seijas |
| Katy Sorenson | Rebeca Sosa |
| Sen. Javier D. Souto | |

The Chairperson thereupon declared the resolution duly passed and adopted this 8th day of July, 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
1515

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 Commissioner Joe Martinez II

1. Full legal name of the requesting organization: Epilepsy Foundation of Florida, Inc

2. Applicant Status: (Select one of the choices below)

- Not-For-Profit or Tax Exempt (See attached)
- 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.): Ann Alfonso
7300 N. Kendall Drive, Suite 700
Miami, FL 33156 AALFONSO@EFOF.ORG
305-670-4949 X202

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Show Mobile (medium)
PARK Renta Fee

SEE ATTACHMENT #

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

- ① WALK The TALK
- ② April 18, 2010
- ③ WALKATHON
- ④ FUNDRAISER + TO RAISE AWARENESS
- ⑤ This would benefi people w/ Epilepsy & their families

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 10

Tropical Park
7900 SW 40th Street
Miami, FL

8. Description of regional or local impact: To RAISE AWARENESS of
the services we provide to people +
their families who have Epilepsy in
our community + statewide.

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

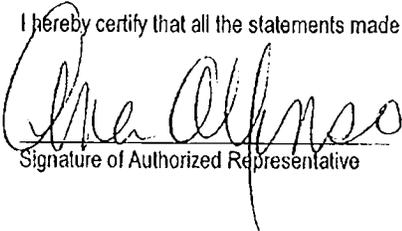
See attached flyer for event
Attachment #2

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

11. Expected number of participants and estimated attendance (per day, if applicable): 200 - 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 Attachment #3

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


Signature of Authorized Representative

3/17/10
Date



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

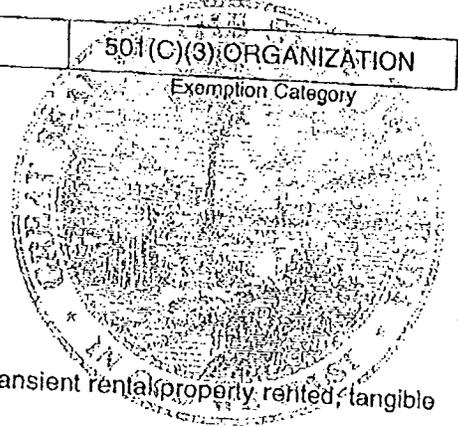
A 1

DR-14
R. 04/05
11/06/08

85-8012642557C-5 Certificate Number	11/23/2008 Effective Date	11/30/2013 Expiration Date	501(C)(3) ORGANIZATION Exemption Category
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This certifies that

EPILEPSY FOUNDATION OF FLORIDA INC
7300 N KENDALL DR
MIAMI FL 33166-7840



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.

WALK THE TALK!

2010 WALK FOR EPILEPSY

#2

This is our major fundraising event of the year - your support is greatly appreciated! We kindly request that all participants fundraise at least \$25. Free commemorative t-shirts will be available to everyone raising at least \$50!

Create your own fundraising page at: www.epilepsyfla.org

Airline tickets, travel packages, and other prizes awarded to the top fundraiser and to the largest team!

JOIN US IN:

New Smyrna Beach: April 10th - Mary McLeod Park

Broward: April 11th - North Beach Park (Hollywood)

West Palm Beach: April 17th - Okeeheelee Park

Miami: April 18th - Tropical Park

Jacksonville: April 24th - Memorial Park

Gainesville: April 25th - Kanapah Veterans Memorial Park

REGISTER ONLINE
EPILEPSYFLA.ORG

Donate, register for the walk, or create your own team.

#3

Total Expenses

Site	
Park Rental Fee	
Totals	\$0.00

Prizes	
T-Shirts	\$600.00
Certificates	\$25.00
Thank You Letters	\$100.00
Trophy / Medals	\$100.00
Totals	\$825.00

Publicity	
Graphics work	\$405.00
Photocopying/Printing	\$400.00
Postage	\$300.00
Totals	\$1,105.00

Miscellaneous	
Signage	\$350.00
Transportation	\$50.00
Volunteer Transportation	\$50.00
Photography / Video	\$0.00
Totals	\$450.00

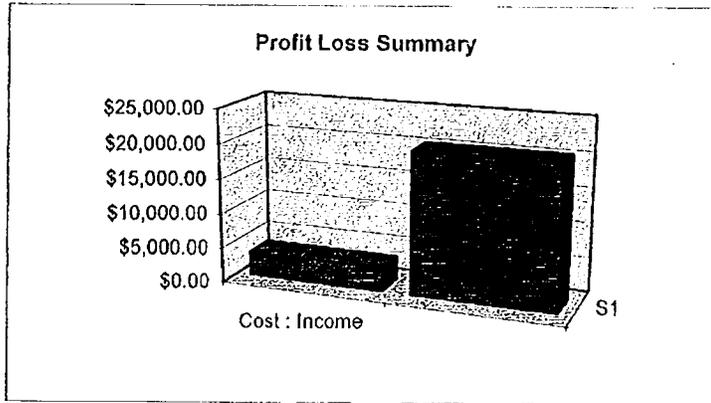
Refreshments	
Food	\$0.00
Drinks	\$0.00
Water (Waterstations)	\$0.00
Totals	\$0.00

Program	
Performers	\$0.00
Speakers	\$0.00
Activities	\$750.00
Programs	\$0.00
Other	\$0.00
Totals	\$750.00

Decorations	
Ribbons/Streamers	\$0.00
Misc	\$300.00
Totals	\$300.00

Event Total Cost	
Event Cost	Total
	\$3,430.00

Profit Loss Summary		
Total Expenses:		\$3,430.00
Total Income to date:		\$20,421.50
Net Donations for EFOF to date:		\$16,991.50



#4

COST

ITEM	COST	COMMENTS
PICNIC SHELTER # 10 RENTAL RATE	\$ 205.00	
OPEN AREA RENTAL	\$ 370.00	
SHOWMOBILE, MEDIUM		
✓ DELIVERY, SET UP, BREAKDOWN, AND PICK UP	\$ 350.00	
✓ FIRST HOUR OF RENTAL	\$ 385.00	
✓ 6 ADDITIONAL HOURS OF USAGE	\$ 420.00	\$70.00 PER HOUR
✓ SUB TOTAL	\$1,155.00	
GENERATOR 25 KW	\$ 500.00	
TOTAL ESTIMATED COST	\$2,230.00	

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[Previous on List](#) [Next on List](#) [Return To List](#)

Entity Na

[Events](#) [Name History](#)

Su

Detail by Entity Name

Florida Non Profit Corporation

EPILEPSY FOUNDATION OF FLORIDA, INC.

Filing Information

Document Number 721887
FEI/EIN Number 592164525
Date Filed 10/15/1971
State FL
Status ACTIVE
Last Event MERGER
Event Date Filed 06/12/2008
Event Effective Date 06/30/2008

Principal Address

7300 N. KENDALL DRIVE, #700
MIAMI FL 33156

Changed 02/03/1994

Mailing Address

7300 N. KENDALL DRIVE, #700
MIAMI FL 33156

Changed 02/03/1994

Registered Agent Name & Address

BASHA-EGOZI, KAREN CEO
7300 N. KENDALL DR., #700
MIAMI FL 33156 US

Name Changed: 02/08/2010

Address Changed: 02/03/2003

Officer/Director Detail

Name & Address

Title P

DEAN, PAT MS.

12

Memorandum



Date: July 8, 2010

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

From: George M. Burgess
County Manager

A handwritten signature in black ink, appearing to read "Burgess", written in a cursive style.

Subject: District 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, Epilepsy Foundation of Florida, Inc. for their "Walk the Talk" event held on April 18, 2010.

In-kind services have been requested in an amount not to exceed \$1,515 from the Miami-Dade Park and Recreation Department for the use of a medium show mobile and shelter rental. This event will be funded from the unspent balance of the District 11 FY 2008-09 in-kind reserve fund.

In FY 2009-10, Epilepsy Foundation of Florida, Inc. received \$41,650 from the General Fund for operating support.

Inkind05310