

MEMORANDUM

Agenda Item No. 11(A)(17)

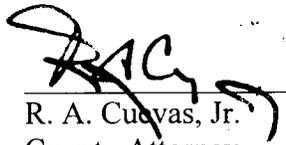
TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: June 7, 2011

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

SUBJECT: Resolution retroactively authorizing
in-kind services for the April 10, 2011
“Walk the Talk”

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



R. A. Cuevas, Jr.
County Attorney

RAC/cp



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: June 7, 2011

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

SUBJECT: Agenda Item No. 11(A)(17)

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)(17)

6-7-11

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE APRIL 10, 2011 "WALK THE TALK" SPONSORED BY EPILEPSY FOUNDATION OF FLORIDA, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,589.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 11 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, the Epilepsy Foundation of Florida, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the April 10, 2011 "Walk the Talk" in an amount not to exceed \$2,589.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Walk the Talk" is to raise awareness about epilepsy and to continue providing services to people with epilepsy; and

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

WHEREAS, the "Walk the Talk" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$2,589.00 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 10, 2011 "Walk the Talk" in an amount not to exceed \$2,589.00 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 Chairman 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:

Joe A. Martinez, Chairman	
Audrey M. Edmonson, Vice Chairwoman	
Bruno A. Barreiro	Lynda Bell
Esteban L. Bovo, Jr.	Jose "Pepe" Diaz
Sally A. Heyman	Barbara J. Jordan
Jean Monestime	Dennis C. Moss
Rebeca Sosa	Sen. Javier D. Souto
Xavier L. Suarez	

The Chairperson thereupon declared the resolution duly passed and adopted this 7th day of June, 2011. 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

Perkins -
4110

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 Chair Joe Martinez

1. Full legal name of the requesting organization: Epilepsy 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.): _____

ANA JURADO Epilepsy Foundation of Florida
305-670-4949 x202 1200 NW 78th Avenue
AJURADO@EFOF.ORG Suite 400
 Miami, FL 33126

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

See Attachment #4

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

Walk The Talk - Epilepsy Walkathon - April 10, 2011
To raise money + awareness about Epilepsy.
To continue to serve the people with Epilepsy
+ their families,
See copy of Brochure - Attachment # 2

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 - Carlos Jimenez

Crandon Park - Key Biscayne
6747 Crandon Blvd.,
Key Biscayne, Florida

8. Description of regional or local impact: Raise awareness locally +

be able to continue to serve those w/ Epilepsy
+ their families with the services we provide.
See Attachment # 3 for a list of
our services.

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

Setup = 7am; Walk begins = 9am → 12 noon
Registration = 8am
Breakdown = 2pm

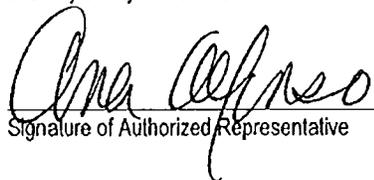
See Attachment # 2

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See map # 4

11. Expected number of participants and estimated attendance (per day, if applicable): 1000
for Sunday, April 10, 2011 (only)

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 # 5

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


Signature of Authorized Representative

2/24/11
Date

ATTACHMENT #1

Below is the Itemized list of our In-Kind request. These are some of the requirements Crandon Park has.

- Park application Fee - \$50
- Open Area Fee (for up to 500 people) - \$389
- Shelter Rental (Large) - \$196.88
- Showmobile (medium 27x14) - \$ 2,000
- Cost of 2 off duty police/security (???)

Attachment #2



FLORIDA
EPILEPSY FOUNDATION
40 YEARS

WALK FOR EPILEPSY
Register on-line
www.epilepsyfla.org
All proceeds benefit the Florida
Epilepsy Association of Florida

1200 NW 78 Ave, Suite 400
Miami, FL 33126
Fax: 305-670-0904
1-877-55-EPILEPSY (1-877-553-7453)

EPILEPSY FOUNDATION
FLORIDA
40 YEARS

100% OF NET
GROSS REVENUE
Goes to Support
Epilepsy Programs
and Services

Epilepsy by the Numbers:

3,000,000: Epilepsy and seizure disorders affect over 3 million Americans of all ages – more than multiple sclerosis, cerebral palsy, muscular dystrophy, and Parkinson's disease combined.



340,000: In Florida, it is estimated that more than 340,000 people suffer from epilepsy and seizures.

200,000: Every year, another 200,000 Americans are diagnosed with epilepsy.

50,000: It is estimated that up to 50,000 deaths occur annually in the U.S. from seizures – more than from breast cancer and other well-known maladies.

30%: In over 30% of patients, seizures cannot be controlled with treatment. Uncontrolled seizures may lead to brain damage and death.

2/3: In two-thirds of patients diagnosed with epilepsy, the cause is unknown.

1: The additional number of people needed to help us to improve the numbers above, one more person – you!

YOUR SUPPORT IS EXTREMELY IMPORTANT

Last year, our walks raised over \$175,000 and our goal is to double that this year.

All funds raised go to support our medical and support services for Floridians living with epilepsy, prevention and education, the summer camp program and other services.

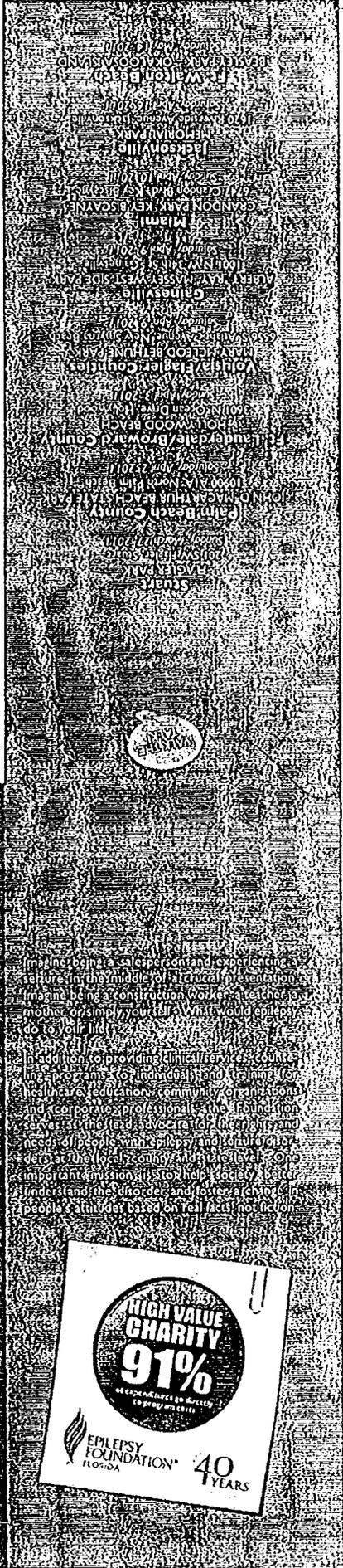
Over the last year, the Epilepsy Foundation of Florida

- Helped over 5,000 Floridians and their families providing over 13,000 Medical and Psychological services and close to 40,000 hours of Case Management.
- Facilitated over 13,500 Public Education & Referral Sessions to over 110,000 Floridians.
- Reached over 110,000 Floridians with Prevention and Awareness activities and presentation.
- Distributed over 44,000 free bicycle helmets to prevent head injuries.
- Launched new initiatives to help children and youth with epilepsy.
- Sent over 100 kids to epilepsy summer camp and ran numerous and diverse support groups.

Have Questions about Epilepsy & Seizure Disorders?

We have answers!

1-877-55-EPILEPSY (1-877-553-7453)
www.EpilepsyFLA.org



WALK WITH US...

This is epilepsy...

Epilepsy is a disorder of the nervous system that makes people susceptible to seizures. A seizure is a change in sensation, awareness, or behavior brought about by a brief electrical disturbance in the brain. Seizures can vary from a momentary disruption of the senses, to short periods of unconsciousness or staring spells, to convulsions.

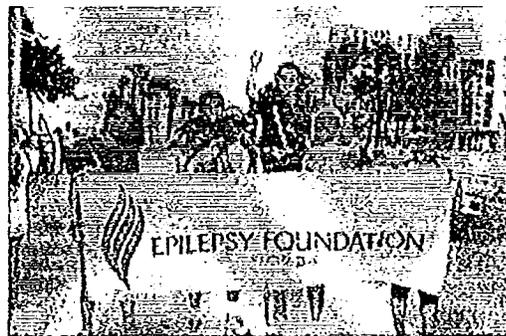
Nearly 3 million Americans are living with epilepsy and approximately 200,000 new cases of epilepsy are diagnosed each year. Epilepsy affects people of all ages, races, and ethnic backgrounds, and can develop at any time of life, especially in childhood and old age.

How can the Epilepsy Foundation of Florida help?

The Epilepsy Foundation® of Florida (EFOF) was established in 1971 as a not-for-profit 501(c)(3). EFOF is a principal provider of epilepsy programs and services as designated by the Florida Department of Health, servicing the estimated 360,000 Floridians who suffer from the condition. It is the sole licensee in the state of the National Epilepsy Foundation®, which has led the fight against epilepsy since 1968.

EFOF serves as the lead advocate for the rights and needs of people with epilepsy and seizure disorders at the local, county and state level. EFOF provides many valuable services to individuals and their families, regardless of their financial situation, including:

- ◇ Advocacy
- ◇ Case Management
- ◇ Information, Referral and Support
- ◇ Medical Services
- ◇ Neuropsychological Services
- ◇ Prevention and Education
- ◇ Individual and Family Counseling
- ◇ Research
- ◇ Development and Fund-Raising
- ◇ Resource Materials
- ◇ Support Groups
- ◇ Children's Camp



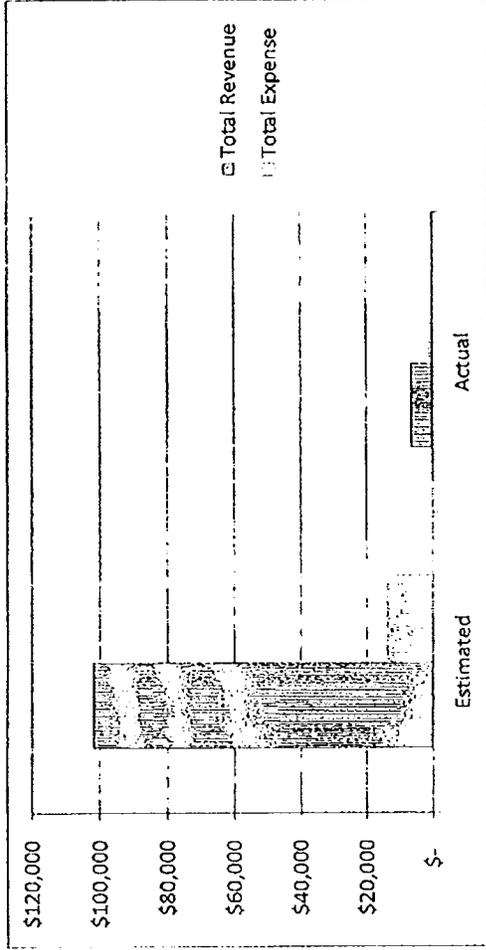
Our mission is to ensure that people with seizures are able to participate in all life experiences, as well as prevent, control and cure epilepsy through comprehensive services, education, advocacy and research. To improve how people with epilepsy are perceived, accepted and valued in society.

Attachment #5

Walk the Talk for Epilepsy

Profit - Loss Summary

	Estimated	Actual
Total Revenue	\$ 102,200	\$ 6,737
Total Expense	\$ 13,800	\$ 1,000
Total Profit	\$ 88,400	\$ 5,737



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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

1200 N.W. 78TH AVE., STE 400
MIAMI FL 33126

Changed 12/16/2010

Mailing Address

1200 N.W. 78TH AVE., STE 400
MIAMI FL 33126

Changed 12/16/2010

Registered Agent Name & Address

BASHA-EGOZI, KAREN CEO
1200 NW 78TH AVE.
DORAL FL 33126 US

Name Changed: 02/08/2010

Address Changed: 12/16/2010

Officer/Director Detail

Name & Address

Title P

DEAN, PAT MS.
MCH, 3200 SW 62 AVENUE
MIAMI FL 33155

Title T

CRAMER, LEN
3732 WOODFIELD COURT
COCONUT CREEK FL 33-0763

Memorandum



Date: June 7, 2011

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: Alina T. Hudak
County Manager

A handwritten signature in black ink, appearing to read "Alina T. Hudak". The signature is written in a cursive, flowing style.

Subject: District Specific In-Kind 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 10, 2011.

In-kind services have been requested in an amount not to exceed \$2,589 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 11 FY 2008-09 in-kind reserve fund.

In FY 2010-11, Epilepsy Foundation of Florida, Inc., received no funding for this event.

Inkind02211