MEMORANDUM

Agenda Item No. 11(A)(7)

TO:	Honorable Chairwoman Rebeca Sosa and Members, Board of County Commissioners	**DATE:**	March 5, 2013
FROM:	R. A. Cuevas, Jr. County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services for the December 22, 2012 "Help Put a Smile on a Child's Face" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.

R. A. Cuevas, Jr.
County Attorney

RAC/smm

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MEMORANDUM
(Revised)

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: March 5, 2013

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

SUBJECT: Agenda Item No. 11(A)(7)

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 Mayor'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)(7)
3-5-13

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT FOR THE DECEMBER 22, 2012 "HELP PUT A SMILE ON A CHILD'S FACE" EVENT SPONSORED BY FAMILY RIDERS MOTORCYCLE ORGANIZATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $650.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2012-13 IN-KIND RESERVE FUND

WHEREAS, Family Riders Motorcycle Organization, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the December 22, 2012 "Help Put a Smile on a Child's Face" event in an amount not to exceed $650.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Help Put a Smile on a Child's Face" event is to provide a holiday experience including, but not limited to, gifts to needy children in the community; and

WHEREAS, Family Riders Motorcycle Organization, Inc. is a not-for-profit organization; and

WHEREAS, the "Help Put a Smile on a Child's Face" is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $650.00 of the in-kind services shall be funded from the balance of the District 9 FY 2012-13 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 Parks, Recreation and Open Spaces Department for the December 22, 2012 "Help Put a Smile on a Child's Face" event sponsored by Family Riders

Motorcycle Organization, Inc. in an amount not to exceed $650.00 to be funded from the balance of District 9 FY 2012-13 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. 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:

Rebeca Sosa, Chairwoman
Lynda Bell, Vice Chair

Bruno A. Barreiro	Esteban L. Bovo, Jr.
Jose "Pepe" Diaz	Audrey M. Edmonson
Sally A. Heyman	Barbara J. Jordan
Jean Monestime	Dennis C. Moss
Sen. Javier D. Souto	Xavier L. Suarez
Juan C. Zapata	

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of March, 2013. 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 Dennis Moss

1. Full legal name of the requesting organization: Family Riders Motorcycle Organization 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.):
   Gwen Gibson Phone: 305-218-6809
   12791 SW 187th Ter FAX: 305-232-7011
   Miami, FL 33177 Email: missugm@aol.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Mobile stage (small size)

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): "Help Put A Smile on A Child's Face" December 22, 2012 @ West Perrine Park This is the annual Family Riders toy giveaway. This event is open to the community and features a fun day including music, rides, food, Santa & gifts for the kids.

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)): West Perrine Park 17121 SW 104th Av, Miami, Fl 33157

8. Description of regional or local impact: This provides help to the community and families in the area by providing a holiday experience that provides gifts to the needy as well as a fun day for the kids and a financial boost to the parents.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Formal event time is 12 noon till 5pm. Setup of stage, etc needs to be done by 11:00 a.m. Take down is around 4:30pm.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Food served thru park pass-thru window; bounce houses will be on east side of park; stage to be set up on NW side of park building (between two large trees) Gifts to also be on NW side of building (Santa to give out gifts on stage)

11. Expected number of participants and estimated attendance (per day, if applicable): 2,000 - 3,000
This number varies yearly.

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): 4-5 Metro-Dade officers under OFC Tookes; Gifts from Toys for Tots and other donations; FAMILY RIDERS ORGANIZATION PROVIDES FOOD; BOUNCE HOUSE & OTHER ENTERTAIMENT DONATED BY MIAMI-DADE approved vendors.

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

Gwendolyn Gibson, BUS MGR
Signature of Authorized Representative

Dec 14-2012
Date

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Family Riders Motorcycle Organization, Inc

EQUIPMENT REQUESTED: Stage 16 x 16

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis Moss, Commission District #9

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Suite

NAME/TITLE OF THE EVENT: 13th Annual Family Riders Toy Run

ADDRESS OF EVENT: Perrine Park 17121 SW 104th Ave Miami, FL

TODAY'S DATE: 12/17/12

DATE (S) & TIME OF EVENT: 12/22/12 12PM – 5PM

SET-UP TIME & DAY: 10AM 12/22/12

TAKE-DOWN & DAY: 6PM 12/22/12

CONTACT PERSON/PHONE: Gwen Gibson 305-218-6809

AT SITE CONTACT/CELL PHONE#:

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. **We also understand that the total fee is to be remitted (15) fifteen working days before the event.**

***Fee:** $650.00 In-kind District #9

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature:

Commissioner Dennis Moss

Agency/Group: Commission District #9

CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED ½ (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.

Late equipment arrivals, please call (786) 236-7926

Form **W-9**
(Rev. January 2011)
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)
Family Riders Motorcycle Organization Inc

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Exempt payee

☑ Other (see instructions) ▶ 501C3

Address (number, street, and apt. or suite no.)
12791 SW 187th Ter

Requester's name and address (optional)

City, state, and ZIP code
Miami, Fl 33177

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 the "Name" line 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
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
6 5 - 1 0 4 4 5 7 0

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 ▶ Guerslaly Milsen Bus mgr Date ▶ 12-14-2012

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.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

FAMILY RIDERS MOTORCYCLE ORGANIZATION INC.

This detail screen does not contain information about the 2013 Annual Report.

Click here to determine if a 2013 Annual Report has been filed.

Filing Information

Document Number	N00000007427
FEI/EIN Number	654044570
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Status	ACTIVE
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Event Date Filed	06/21/2011
Event Effective Date	NONE

Principal Address

12791 SW 187 TERRACE
MIAMI FL 33177

Mailing Address

12791 SW 187 TERRACE
MIAMI FL 33177

Registered Agent Name & Address

GIBSON, WARREN A
12791 SW 187 TERRACE
MIAMI FL 33177 US

Officer/Director Detail

Name & Address

Title PD

GIBSON, WARREN A
12791 SW 187 TERRACE
MIAMI FL 33177

10

Title S

GALLAHAR, STEPHANIE
12791 SW 187 TERRACE
MIAMI FL 33177

Title GBM

GIBSON, GWENDOLYN
12791 SW 187 TERRACE
MIAMI FL 33177

Title VP

BOYKIN, ELIGE
12791 SW 187 TERRACE
MIAMI FL 33177

Annual Reports

Report Year	Filed Date
2010	04/30/2010
2011	01/31/2011
2012	03/06/2012

Document Images

03/06/2012 -- ANNUAL REPORT	View image in PDF format
06/21/2011 -- Amendment	View image in PDF format
01/31/2011 -- ANNUAL REPORT	View image in PDF format
04/30/2010 -- ANNUAL REPORT	View image in PDF format
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02/02/2008 -- ANNUAL REPORT	View image in PDF format
01/16/2007 -- ANNUAL REPORT	View image in PDF format
02/02/2006 -- ANNUAL REPORT	View image in PDF format
03/30/2005 -- ANNUAL REPORT	View image in PDF format
03/31/2004 -- ANNUAL REPORT	View image in PDF format
02/05/2003 -- ANNUAL REPORT	View image in PDF format
05/28/2002 -- ANNUAL REPORT	View image in PDF format
03/01/2001 -- ANNUAL REPORT	View image in PDF format
11/06/2000 -- Domestic Non-Profit	View image in PDF format

Note: This is not official record. See documents if question or conflict.

Memorandum

MIAMI-DADE COUNTY

Date: March 5, 2013

To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by Family Riders Motorcycle Organization, Inc., for their "Help Put a Smile on a Child's Face" event held on December 22, 2012.

In-kind services have been requested in an amount not to exceed $650 from the Parks, Recreation and Open Spaces Department for the use of a 16' x 16' stage. This event will be funded from the balance of District 9 FY 2012-13 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01304