MEMORANDUM

Agenda Item No. 3(A)(10)

TO:	Honorable Chairwoman Rebeca Sosa and Members, Board of County Commissioners	**DATE:**	May 7, 2013
FROM:	R. A. Cuevas, Jr. County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services for the March 9, 2013 "Walk-the-Talk" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Chairwoman Rebeca Sosa.

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: May 7, 2013

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

SUBJECT: Agenda Item No. 3(A)(10)

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. 3(A)(10)
5-7-13

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE MARCH 9, 2013 "WALK-THE-TALK" EVENT SPONSORED BY THE EPILEPSY FOUNDATION OF FLORIDA, INC. IN AN AMOUNT NOT TO EXCEED $1,800.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 6 FY 2012-13 IN-KIND RESERVE FUND

WHEREAS, the Epilepsy Foundation of Florida, Inc. has requested in-kind services from the Miami-Dade Parks, Recreation and Open Spaces Department for the March 9, 2013 "Walk-the-Talk" event in an amount not to exceed $1,800.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Walk-the-Talk" event is to raise funds so that those who are suffering with epilepsy and seizure disorders can continue to receive the treatments and resources they need to improve their lives; and

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

WHEREAS, the "Walk-the-Talk" event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $1,800.00 of the in-kind services shall be funded from the balance of the District 6 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 Miami-Dade Parks, Recreation and Open Spaces Department for the March 9, 2013 "Walk-the-Talk" event sponsored by the Epilepsy Foundation of Florida, Inc., in an amount not to exceed $1,800.00 to be funded from the balance of District 6 FY 2012-13 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Chairwoman Rebeca Sosa. 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 7th day of May, 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 Rebecca Sosa

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.): Adrian Madriz
   1200 NW 78th Ave, Ste. 400, Miami, FL 33126
   786-523-4734
   amadriz@efof.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Tropical Park Generator Fee
   Tropical Park Showmobile Fee

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

Walk-the-Talk, Sat. Mar. 9th 2013

A walk-a-thon in Tropical Park for the Epilepsy Foundation of Florida. There will be Vendors, Music, a DJ, and

Fire-Dept. demonstrations

Event will raise funds for the Epilepsy Foundation so that those suffering with Epilepsy and Seizure Disorders

can continue to receive the treatments and resources they need in order to live quality lives

Name date of event description and purpose of the event if event is a fundraiser define the beneficiaries 6

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)):

7900 SW 40th St, Miami, FL District 10

8. Description of regional or local impact:

Will bring awareness and dignity to those suffering with Epilepsy in Miami

Will provide additional visibility for the businesses in attendance

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

6AM: Set-up Begins, 8AM: Registration, 9AM: Walk begins, 12PM: Walk ends

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Event will include 4 registration tables, 10 vendors, 1 First-Aid Table, 1 Stage with DJ, 1 Rock Climbing Wall, 1 area for Fire Dept. Demo

    Map attached

11. Expected number of participants and estimated attendance (per day, if applicable): 700 Participants, 1000 attendees

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): attached

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

Digitally signed by Adrian Mateiz
DN: cn=Adrian Mateiz, o=Epilepsy Foundation, ou, email=amateiz@efsf.org, c=US
Date: 2013.02.13 16:43:21 -05'00'

Signature of Authorized Representative

02-13-2013
Date

Internal Revenue Service
P.O. Box 2508
Cincinnati, OH 45201

Department of the Treasury

Date: AUG 0 1 2007

EPILEPSY FOUNDATION OF FLORIDA INC
7300 N KENDALL DR STE 700
MIAMI FL 33156-7840

Person to Contact:
Sharon LeNard
ID #31-07756
Toll Free Telephone Number:
877-829-5500
Employer Identification Number:
59-2164525

Dear Sir or Madam:

This is in response to the amendment to your organization's Articles of Incorporation filed with the state on September 19, 2006. We have updated our records to reflect the name change from the Epilepsy Foundation of Florida Inc to Epilepsy Foundation of Florida Inc.

Our records indicate that a determination letter was issued in March 1972 that recognized you as exempt from Federal income tax, and reflect that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Cindy Westcott

Cindy Westcott
Manager, Exempt Organizations
Determinations

Budget for Walk the Talk Miami

Item	Description	qty	Unit Cost	Total
Stadium Fee	Fee charged to host event at	1	415	415
Administrative Fee	Fee charged to apply for eve	1	50	50
Open Area Fee	Fee charged to have event in	1	546	546
Showmobile	Stage for DJ	1	1400	1400
DJ	Provided by Scratch DJ Acad	1	100	100
Rock Climbing wall	Entertainment for Kids	1	150/hr	300
Tables	For vendors	40	8	320
Chairs	For vendors	100	1	100
Generator	From Tropical Park	1	400	400
Dunk Tank	For the kids	1	275	275
			Grand Total	3906

Memorandum

MIAMI-DADE COUNTY

Date: May 7, 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 Epilepsy Foundation of Florida, Inc., for their "Walk-the-Talk" event held on March 9th, 2013.

In-kind services have been requested in an amount not to exceed $1,800 from the Miami Dade Parks, Recreation and Open Spaces Department for the use of a medium sized showmobile and generator. This event will be funded from the balance of District 6 FY 2012-13 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01329