

# MEMORANDUM

Agenda Item No. 3(A)(2)

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**TO:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

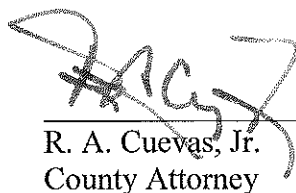
**DATE:** February 3, 2015

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

**SUBJECT:** Resolution retroactively  
authorizing in-kind services  
for the November 23, 2014  
"Tour de Cure" event

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

  
\_\_\_\_\_  
R. A. Cuevas, Jr.  
County Attorney

RAC/smm



# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

**DATE:** February 3, 2015

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

**SUBJECT:** Agenda Item No. 3(A)(2)

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) (2)

2-3-15

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE NOVEMBER 23, 2014 "TOUR DE CURE" EVENT SPONSORED BY THE AMERICAN DIABETES ASSOCIATION, INC. IN THE AMOUNT OF \$650.00 TO BE FUNDED FROM THE BALANCE OF DISTRICT 4 FY 2014-15 IN-KIND RESERVE FUND

**WHEREAS**, the American Diabetes Association, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the November 23, 2014 "Tour de Cure" event in an amount of \$650.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the purpose of the "Tour de Cure" event is to raise awareness and funds for the American Diabetes Association, Inc.; and

**WHEREAS**, the American Diabetes Association, Inc. is dedicated to preventing and curing diabetes and to improving the lives of all people affected by diabetes; and

**WHEREAS**, the American Diabetes Association, Inc. is a not-for profit organization; and

**WHEREAS**, the "Tour de Cure" is a small 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 4 FY 2014-15 In-Kind Reserve Fund,

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the November 23, 2014 "Tour de Cure" sponsored by the American Diabetes Association, Inc. in the amount of \$650.00 to be funded from the balance of the District 4 FY 2014-15 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Sally A. Heyman. 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:

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

The Chairperson thereupon declared the resolution duly passed and adopted this 3<sup>rd</sup> day of February, 2015. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the 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. 1<sup>st</sup> Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 376-5108

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 Sally Hayman

1. Full legal name of the requesting organization: AMERICAN DIABETES ASSOC

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.): Carole Williams  
305-477-8999 ; 2103 Coral Way #603  
Miami, FL 33145, cwilliams@diabetes.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): request is for fees  
to be waived for the small 16ft x 16ft  
stage.

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

Tour de Cure ; 11/23/14 ; bike ride to raise  
funds for the American Diabetes Assoc. ;

8. 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)):

Haulover Park  
10800 Collins Ave

Bal Harbour, FL 33154

Description of regional or local impact:

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

MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
Page 3

Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Expected number of participants and estimated attendance (per day, if applicable): \_\_\_\_\_  
\_\_\_\_\_

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

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

Carol Wilkins  
Signature of Authorized Representative

9/29/14  
Date



**SHOWMOBILES, STAGES, BLEACHERS,  
AND SOUND PRODUCTION**  
(305) 226-8315 Ext. 224/(305) 553-8511 (Fax)

**EQUIPMENT (S) CONFIRMATION FORM**

ORGANIZATION/AGENCY: American Diabetes Assoc

EQUIPMENT REQUESTED: Stage [16 X 16]

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Carole Williams

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): \_\_\_\_\_

BILLING ADDRESS/ZIP CODE: 111 W W. Fairbanks Street  
Miami, FL 33138

NAME/TITLE OF THE EVENT: Tour de Cure

ADDRESS OF EVENT: 10800 Collins Ave

TODAY'S DATE: 9/29/14

DATE (S) & TIME OF EVENT: 11/23/14 6:30 AM

SET-UP TIME & DAY: 11/22/14 @ 10AM

TAKE-DOWN TIME & DAY: 11/23/14 @ 6PM

CONTACT PERSON/PHONE: Carole Williams

AT SITE CONTACT/CELL PHONE#: 678-908-6140

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

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 outlined 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

\*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: [Signature]

Agency/Group: American Diabetes Assoc

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE  
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

**1/2 (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 (706) 236-7926

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## Detail by Entity Name

### Foreign Non Profit Corporation

AMERICAN DIABETES ASSOCIATION, INC.

### Filing Information

Document Number	F98000001168
FEI/EIN Number	131623888
Date Filed	02/27/1998
State	OH
Status	ACTIVE

### Principal Address

1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Changed: 04/07/2011

### Mailing Address

1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Changed: 04/07/2011

### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

Name Changed: 03/17/2014

Address Changed: 03/17/2014

### Officer/Director Detail

#### **Name & Address**

Title Chair of the Board

Holing, Dwight  
1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Title President, Medicine & Science

Seaquist, MD, Elizabeth R

1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Title President, Health Care & Education

Cypress, PhD, RN, CNP, CDE, Marjorie  
1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Title Secretary-Treasurer

Singley, MBA, Robert J  
1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Title Chair of the Board-Elect

Wright, JD, Janel L  
1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Title President-Elect, Medicine & Science

Dagogo-Jack, MD, FRCP, Samuel E  
1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Title President-Elect, Health Care & Education

Marrero, PhD, David G  
1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Title Secretary/Treasurer-Elect

Farber, MBA, Richard  
1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Title Vice Chair of the Board

Richardson, Robin J  
1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Title VP, Medicine & Science

Schatz, MD, Desmond  
1701 N BEAUREGARD ST  
ALEXANDRIA, VA 22311

Title VP, Health Care & Education

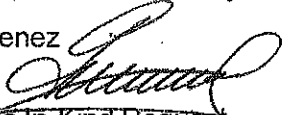
Powers, PhD, RD, CDE, Margaret A

# Memorandum



**Date:** February 3, 2015

**To:** Honorable Chairman Jean Monestime  
and Members, Board of County Commissioners

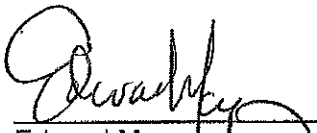
**From:** Carlos A. Gimenez  
Mayor 

**Subject:** District Specific In-Kind Request

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A retroactive waiver for in-kind services has been requested by the American Diabetes Association, Inc. for its "Tour de Cure" event, which was held on November 23, 2014.

In-kind services have been requested from the Parks, Recreation and Open Spaces Department in the amount of \$650.00 for the use of a 16' x 16' stage. This event will be funded from the balance of District 4 FY 2014-15 In-Kind Reserve Funds.

  
\_\_\_\_\_  
Edward Marquez  
Deputy Mayor

InkInd01482