

MEMORANDUM

Agenda Item No. 3(A)(4)

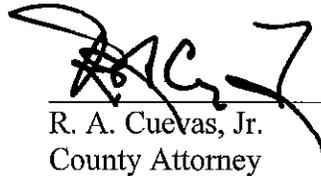
TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: June 30, 2015

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

SUBJECT: Resolution retroactively
authorizing in-kind for
the January 25, 2015
"Miami Marathon"

The accompanying resolution was prepared and placed on the agenda at the request of Co-Prime Sponsors Commissioner Sally A. Heyman and Commissioner Jose "Pepe" Diaz.



R. A. Cuevas, Jr.
County Attorney

RAC/smm



MEMORANDUM

(Revised)

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

DATE: June 30, 2015

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

SUBJECT: Agenda Item No. 3(A)(4)

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)(4)

6-30-15

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE JANUARY 25, 2015 "MIAMI MARATHON" SPONSORED BY LIFE TIME FITNESS, LLC. IN AN AMOUNT NOT TO EXCEED \$3,795.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 4 FY 2014-15 IN-KIND RESERVE FUND AND \$3,795.00 FROM THE BALANCE OF THE DISTRICT 12 FY 2014-15 IN-KIND RESERVE FUND

WHEREAS, Life Time Fitness, LLC. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the January 25, 2015 "Miami Marathon" event in an amount not to exceed \$3,795.00 from District 4 and \$3,795.00 from District 12 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Miami Marathon" event is to promote fitness and healthy living; and

WHEREAS, this event generates over \$60 million in economic impact to Miami-Dade County; and

WHEREAS, the "Miami Marathon" event is a major event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$3,795.00 of the in-kind services shall be funded from the balance of the District 4 FY 2014-15 In-Kind Reserve Fund and \$3,795.00 from the balance of the District 12 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 January 25, 2015 "Miami Marathon" sponsored by the Life Fitness, LLC. in an amount not to exceed \$3,795.00

from the balance of the District 4 FY 2014-15 In-Kind Reserve Fund and \$3,795.00 from the balance of the District 12 FY 2014-15 In-Kind Reserve Fund.

The Co-Prime Sponsors of the foregoing resolution are Commissioner Sally A. Heyman and Commissioner Jose "Pepe" Diaz. 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 30th day of June, 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

1513
1512

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

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:

Delores Green
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.

1. Full legal name of the requesting organization: Life Time Fitness, LLC

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 M. Perez - 8879 SW 131 Street; Miami, FL 33176

305-278-8668 (T) 305-278-4166(F)

aperez@lifetimefitness.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Bleachers and show-mobile

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): _____
Miami marathon and half marathon Sunday, January 25, 2015

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 Kids Run Miami
- 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)): _____
Bayfront Park 301 Biscayne Boulevard, Miami, FL 33132

8. Description of regional or local impact: Over a \$50M economic impact for the area. 67% of participants come from outside of Miami-Dade county, all 50 states represented and 3500 participants visit from outside the continental US.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): _____
Set-Up Saturday January 24, 2015; tear down Sunday January 25, 2015
after 2:00PM

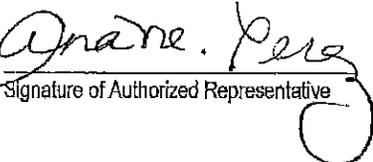
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Start line located at American Airlines Arena 601 Biscayne Blvd.

Finish Line located at Bayfront Park - 301 Biscayne Blvd.

11. Expected number of participants and estimated attendance (per day, if applicable): 20,000 participants
40,000 spectators (free to the public)

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): \$1.6M production budget

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


Signature of Authorized Representative

2/23/15
Date

Revised Project Budget

List all expenses related to the project requesting funding. Round amounts to the nearest dollar (do not show cents). In-kind contributions are the documented fair market value of non-cash contributions provided to the grantee by third parties, which consist of real property or the value of goods and services.

CASH EXPENSES	ACTUAL	IN KIND	CASH REVENUE	SECURED	ANTICIPATED
PERSONNEL TOTAL (ADMINISTRATIVE + ARTISTIC + TECHNICAL)	651,857		ADMISSIONS	676,783	1,413,753
ADMINISTRATIVE	344,508		VENDORS		250,000
ARTISTIC	37,160		CONTRACTED SERVICES		
TECHNICAL	270,189		PRIVATE CONTRIBUTIONS		
OTHER ARTISTIC FEES			CORPORATE SUPPORT	49,600	400,400
			1. _____		
			2. _____		
MARKETING TOTAL (PRINT + DESIGN)	58,260		FEDERAL GRANTS		
FEES			1. _____		
PRINT	22,600		2. _____		
DESIGN	35,660		STATE GRANTS		
ADVERTISING TOTAL (PRINT + DESIGN)	181,490	424,836	1. _____		
PRINT	181,490		2. _____		
DESIGN			LOCAL GRANTS		
PUBLIC RELATIONS (FEES + PRESS MATERIALS)	16,700		1. CITY OF MIAMI BEACH		
FEES	16,700		2. DDA		10,000
PRESS MATERIALS			3. _____		
POSTAGE/COURIER	4,900		FOUNDATION GRANTS		
TRAVEL	78,000		1. FSF		15,000
EQUIPMENT RENTAL	220,659		2. _____		
SPACE RENTAL	87,740		OTHER REVENUES		
CITY SERVICES	279,959		1. _____		
INSURANCE	6,050		2. _____		
SUPPLIES/MATERIALS	17,980		3. _____		
OTHER EXPENSES (ITEMIZE BELOW):			CASH ON HAND		
Race Production Services	320,106				
Runner Amenities	224,193		MBVCA Grant Amount		51,000
G&A - Corporate Overhead	718,642		Total Revenues:	726,383	2,140,153
	2,866,536	424,836			
Total Expenses:				2,866,536	
			Total Secured + Anticipated Revenues		

Please note: Total Actual Cash Expenses must equal Total Secured & Anticipated Revenues. Do not include In-Kind Dollars in these Totals. Outdoor events should get an estimate for City Services from the City of Miami Beach Special Events Office at 305-673-7577. **All breakdowns for Personnel, Marketing, Advertising, and Public Relations should be in dollars.**



Detail by Entity Name

Foreign Limited Liability Company

LTF TRIATHLON SERIES, LLC

Filing Information

Document Number	M14000003717
FEI/EIN Number	208185939
Date Filed	05/23/2014
State	DE
Status	ACTIVE

Principal Address

2902 CORPORATE PLACE
CHANHASSEN, MN 55317

Mailing Address

2902 CORPORATE PLACE
CHANHASSEN, MN 55317

Registered Agent Name & Address

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Authorized Person(s) Detail

Name & Address

Title S

SPOLAR, JAMES
2902 CORPORATE PLACE
CHANHASSEN, MN 55317

Annual Reports

Report Year	Filed Date
2015	02/23/2015

Document Images

02/23/2015 -- ANNUAL REPORT	View image in PDF format
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05/30/2014 -- Foreign Limited	View image in PDF format
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Copyright © and Privacy Policies
State of Florida, Department of State

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) LTF Operations Holdings, Inc.	
	Business name/disregarded entity name, if different from above LTF Triathlon Series, LLC	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) 2902 Corporate Place	Requester's name and address (optional)
	City, state, and ZIP code Charhassen, MN 55317	
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																	
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Employer identification number											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">-</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">9</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">7</td></tr> </table>	2	0	-	3	3	6	9	9	6	7	
2	0	-	3	3	6	9	9	6	7		

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- 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 ▶ <i>Steve Bergman</i>	Date ▶ <i>5/18/2011</i>
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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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.

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Memorandum



Date: June 30, 2015

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

From: Carlos A. Gimenez
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez", written over the printed name of the Mayor.

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by the Life Time Fitness, LLC. for its "Miami Marathon" event held on January 25, 2015.

In-kind services have been requested from the Parks, Recreation and Open Spaces Department in the amount of \$3,795.00 to be funded from the balance of District 4 FY 2014-15 In-Kind Reserve Funds and \$3,795.00 to be funded from the District 12 FY 2014-15 In-Kind Reserve Funds for the use of four (4) bleachers and one (1) small showmobile stage.

A handwritten signature in black ink, appearing to read "Edward Marquez", written over the printed name of the Deputy Mayor.

Edward Marquez
Deputy Mayor

InkInd01512