MEMORANDUM

Agenda Item No. 3(A)(5)

TO:	Honorable Chairman Jean Monestime and Members, Board of County Commissioners	**DATE:**	July 19, 2016
FROM:	Abigail Price-Williams County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services from the Parks, Recreation and Open Spaces Department for the March 12, 2016 "Walk the Talk" event sponsored by the Epilepsy Foundation of Florida, Inc. in an amount not to exceed $1,000.00 to be funded from the balance of the District 8 FY 2015-16 In-Kind Reserve Fund

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Daniella Levine Cava.

Abigail Price-Williams
County Attorney

APW/smm

MEMORANDUM

(Revised)

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

DATE: July 19, 2016

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(5)

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
_____	Statement of social equity 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)(5)
7-19-16

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE MARCH 12, 2016 "WALK THE TALK" EVENT SPONSORED BY THE EPILEPSY FOUNDATION OF FLORIDA, INC. IN AN AMOUNT NOT TO EXCEED $1,000.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 8 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, the Epilepsy Foundation of Florida, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the March 12, 2016 "Walk the Talk" event in an amount not to exceed $1,000.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Walk the Talk" event is an annual event hosted by the Epilepsy Foundation of Florida, Inc., and is a fundraiser which allows for the continuation of medical, social, and support services for those individuals with epilepsy and their families; and

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

WHEREAS, the "Walk the Talk" is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $1,000.00 of the in-kind services shall be funded from the balance of the District 8 FY 2015-16 In-Kind Reserve funds,

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 March 12, 2016 "Walk the Talk" event sponsored by the Epilepsy Foundation of Florida, Inc. in an amount not to exceed $1,000.00 to be funded from the balance of the District 8 FY 2015-16 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Daniella Levine Cava. 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 19th day of July, 2016. 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

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 Management and Budget
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: Commissioner Daniella Levine Cava

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.): _____
   Marisol Valdes - marisolve efof.org
   1200 NW 78th Ave, Suite #400, Miami, FL. 33126
   305-670-4949 & FAX: 305-670-0904

4. Specify fee waiver or in-kind service requested (quantify, if applicable): _____
   $1,000 for park fees from Tropical Park on March 12th, 2016 for our Annual "Walk the Talk".

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Walk the Talk for Epilepsy is an annual walk which is Hosted by the Epilepsy Foundation of Florida and is used as a fundraiser. These funds will help the Epilepsy Foundation of Florida continue to provide services which include: medical, social, support groups, prevention and education

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)): Tropical Park -
7900 SW 40th Street
Miami, FL. 33155

8. Description of regional or local impact: Funds will allow EFOF use even more of our fundraising dollars to benefit these individuals with epilepsy and their families

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 3/12/2011 5:00 AM - 1:00 PM

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): The event will take place in the Track

11. Expected number of participants and estimated attendance (per day, if applicable): @ 500

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Total event expenses Budget ~~$10,560~~ $6,750
Complete event budget attached

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

Signature of Authorized Representative

2/10/2016
Date

SPECIAL EVENT BUDGET
Miami Walk The Talk For Epilepsy
March 12, 2016

Detail fully the intended use, type of business and scope of operation:

DETAILED REVENUE

Source	Price	Total Amount of Income
Registration	$20.00-$35.00	13,750
DONATIONS	VARIOUS	10,000
SPONSORSHIPS	$500-$15,000	10,000
	Total Revenue:	33,750

DETAILED EXPENDITURES

Item	Total Amount of Expense
T-SHIRTS	$1,500
PRINTING	$1,200
Water / Food	$250
Park Rental Fees / Permits / Stage / ADA	$3500
Police Officers	$300
Total Expenses:	$6,750
Net Income Expected:	$27,000

DETAILED IN KIND SERVICES

Item	Value of Contribution
Water and Food	$1,500
Total Value	$1,500

Describe the intended use of net income generated from this special event:

Funds raised will help individuals with epilepsy and seizure disorders in Miami Dade and Monroe Counties

Form **W-9**
(Rev. December 2014)
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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
EPILEPSY FOUNDATION OF FLORIDA

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☑ Other (see instructions) ▶ NOT FOR PROFIT

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1200 NW 78th AVENUE SUITE # 400

Requester's name and address (optional)

6 City, state, and ZIP code
MIAMI, FLORIDA 33126

7 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 line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
5 9 - 2 1 6 4 5 2 5

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 9-8-15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

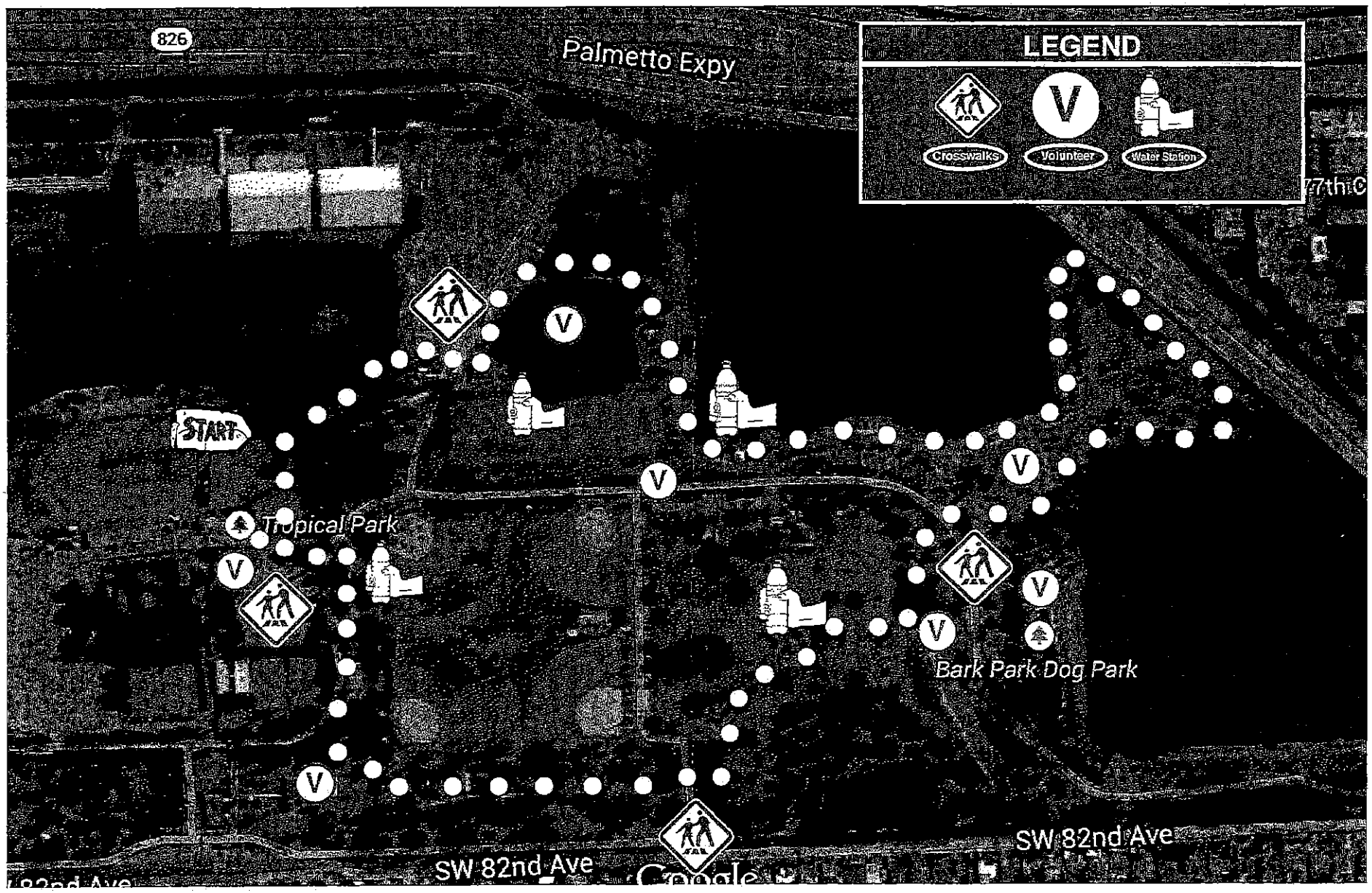
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

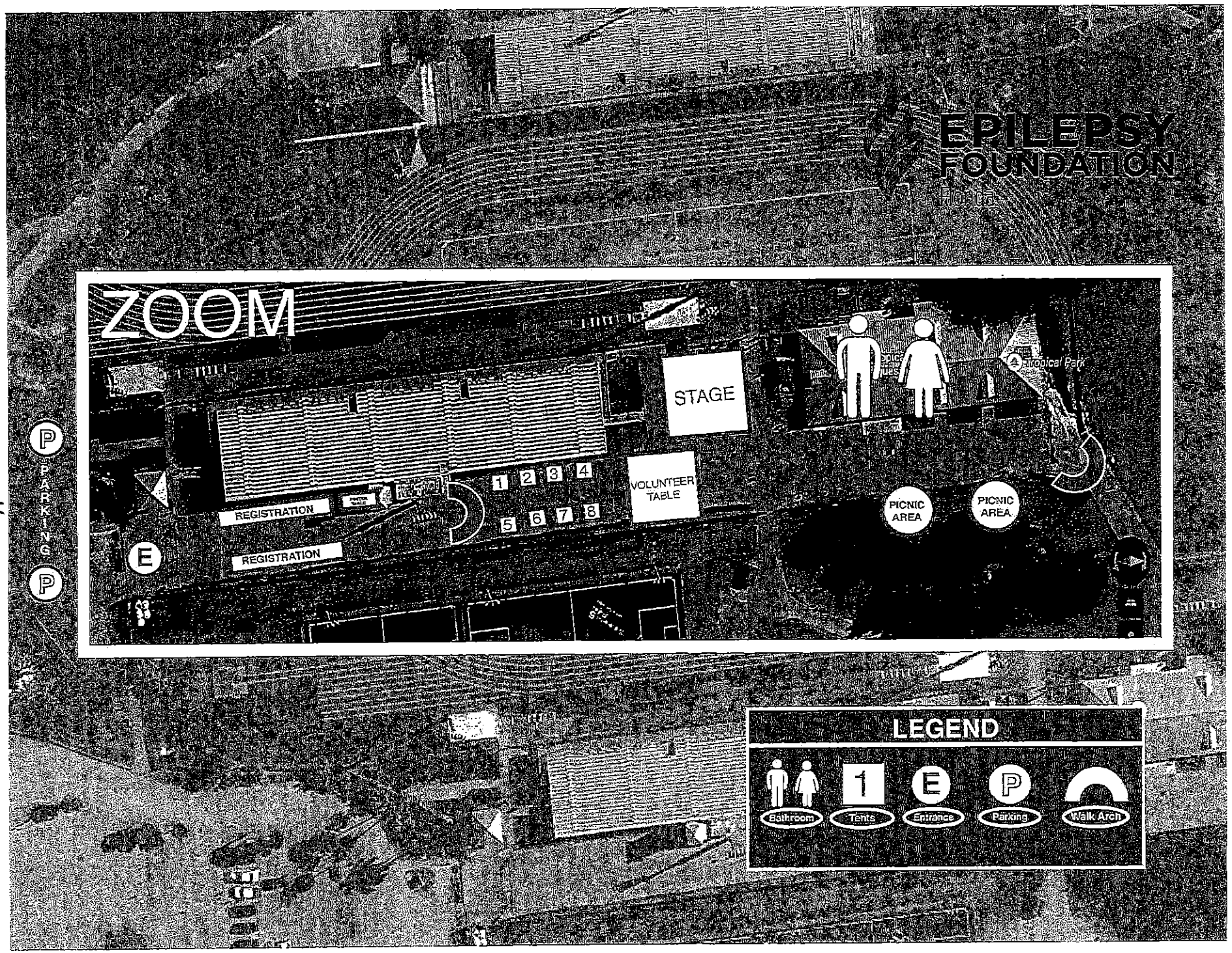
If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

EPILEPSY FOUNDATION
Florida




EPILEPSY
FOUNDATION
Florida
ZOOM
STAGE
VOLUNTEER TABLE
1 2 3 4
5 6 7 8
REGISTRATION
REGISTRATION
PICNIC AREA
PICNIC AREA
P
PARKING
P
E
LEGEND
1
E
P
Bathroom
Tents
Entrance
Parking
Walk Arch

Detail by Entity Name

Florida Not For Profit Corporation

EPILEPSY FOUNDATION OF FLORIDA, INC.

Filing Information

Document Number	721887
FEI/EIN Number	59-2164525
Date Filed	10/15/1971
State	FL
Status	ACTIVE
Last Event	CORPORATE MERGER
Event Date Filed	04/22/2014
Event Effective Date	NONE

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.
Suite 400
DORAL, FL 33126

Name Changed: 02/08/2010

Address Changed: 04/30/2014

Officer/Director Detail

Name & Address

Title President

Anderson, Jonathan

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

Title Immediate Past President

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

Title VP

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

Title Secretary

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

Title Treasurer

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

Annual Reports

Report Year	Filed Date
2014	04/22/2014
2015	03/20/2015
2016	02/23/2016

Document Images

02/23/2016 -- ANNUAL REPORT	View image in PDF format
03/20/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- AMENDED ANNUAL REPORT	View image in PDF format
04/22/2014 -- ANNUAL REPORT	View image in PDF format
04/22/2014 -- Merger	View image in PDF format
02/08/2013 -- ANNUAL REPORT	View image in PDF format
01/05/2012 -- ANNUAL REPORT	View image in PDF format
03/17/2011 -- ANNUAL REPORT	View image in PDF format
12/16/2010 -- ADDRESS CHANGE	View image in PDF format
12/16/2010 -- Reg. Agent Change	View image in PDF format
02/08/2010 -- ANNUAL REPORT	View image in PDF format
02/26/2009 -- ANNUAL REPORT	View image in PDF format
06/12/2008 -- Merger	View image in PDF format

04/10/2008 -- ANNUAL REPORT	View image in PDF format
02/21/2007 -- ANNUAL REPORT	View image in PDF format
09/19/2006 -- Name Change	View image in PDF format
02/13/2006 -- ANNUAL REPORT	View image in PDF format
01/19/2005 -- ANNUAL REPORT	View image in PDF format
07/06/2004 -- ANNUAL REPORT	View image in PDF format
02/03/2003 -- ANNUAL REPORT	View image in PDF format
05/27/2002 -- ANNUAL REPORT	View image in PDF format
06/19/2001 -- ANNUAL REPORT	View image in PDF format
05/10/2000 -- ANNUAL REPORT	View image in PDF format
05/01/1999 -- ANNUAL REPORT	View image in PDF format
07/30/1998 -- ANNUAL REPORT	View image in PDF format
05/19/1997 -- ANNUAL REPORT	View image in PDF format
07/02/1996 -- ANNUAL REPORT	View image in PDF format
04/12/1995 -- ANNUAL REPORT	View image in PDF format

Copyright © and Privacy Policies
State of Florida, Department of State

Memorandum

MIAMI-DADE COUNTY

Date: July 19, 2016

To: Honorable Chairman Jean Monestime
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 the Epilepsy Foundation of Florida, Inc. for their "Walk the Talk" event held on March 12, 2016.

In-kind services have been requested in an amount not to exceed $1,000.00 from the Parks, Recreation and Open Spaces Department contributing towards the use of Tropical Park facilities. This event will be funded from the balance of District 8 FY 2015-16 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01625