

Approved _____ Mayor

Agenda Item No. 11(A)(46)

Veto _____

01-25-07

Override _____

**OFFICIAL FILE COPY
CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA**

RESOLUTION NO. R-103-07

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT, THE MIAMI-DADE FIRE RESCUE DEPARTMENT, AND THE MIAMI-DADE POLICE DEPARTMENT FOR THE AUGUST 6, 2006 HUNTINGTON'S DISEASE TRIATHLON SPONSORED BY THE HUNTINGTON'S DISEASE SOCIETY OF AMERICA-SOUTH FLORIDA CHAPTER, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$10,632.21 TO BE FUNDED IN PART FROM THE COUNTYWIDE IN-KIND RESERVE FUND AND IN PART FROM THE FIRE RESCUE DISTRICT BUDGET

WHEREAS, the Huntington's Disease Society of America-South Florida Chapter has requested in-kind services from the Miami-Dade Park and Recreation Department, the Miami-Dade Fire Rescue Department, and the Miami-Dade Police Department for the August 6, 2006 Huntington's Disease Triathlon in an amount not to exceed \$10,632.21 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the Huntington's Disease Society of America-South Florida Chapter is a non-for-profit organization; and

WHEREAS, the Huntington's Disease Triathlon is a countywide event, and \$8,847.50 of the in-kind services shall be funded from the Countywide In-kind Reserve Fund, and \$1,784.21 of the in-kind services shall be funded from the non-ad valorem portion of the Fire Rescue District Budget,

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 Park and Recreation, the Miami-Dade Fire Department, and the Miami-Dade Police Department for the August 6, 2006 Huntington's

Disease Triathlon in an amount not to exceed \$10,632.21 to be funded in part from the Countywide In-kind Reserve Fund and in part from the non-ad valorem portion of the Fire Rescue District Budget.

The foregoing resolution was sponsored by Commissioner Carlos A. Gimenez and offered by Commissioner Sally A. Heyman , who moved its adoption. The motion was seconded by Commissioner Dennis C. Moss and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman	aye	Audrey M. Edmonson	aye
Barbara J. Jordan, Vice-Chairwoman	aye	Sally A. Heyman	aye
Jose "Pepe" Diaz	aye	Dennis C. Moss	aye
Carlos A. Gimenez	aye	Natacha Seijas	absent
Joe A. Martinez	aye	Rebeca Sosa	aye
Dorrin D. Rolle	aye		
Katy Sorenson	aye		
Sen. Javier D. Souto	absent		

The Chairperson thereupon declared the resolution duly passed and adopted this 25th day of January, 2007. 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: **KAY SULLIVAN**
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Monica Rizo

MEMORANDUM

Agenda Item No. 11(A)(46)

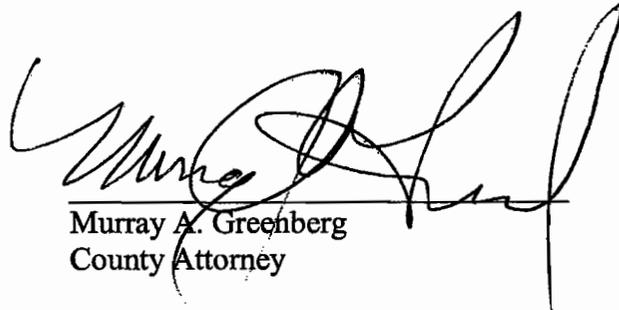
TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: January 25, 2007

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
for the Huntington's Disease
Triathlon

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Carlos A. Gimenez.



Murray A. Greenberg
County Attorney

MAG/jls



MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: January 25, 2007

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No. 11(A)(46)

Please note any items checked.

- "4-Day Rule" ("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**
- Bid waiver requiring County Manager's written recommendation**
- Ordinance creating a new board requires detailed County Manager's report for public hearing**
- Housekeeping item (no policy decision required)**
- No committee review**

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

Fire - MDR - 727.65
MCPD - 6,565.50
MDFR (Lifeguard) - 1,056.52
Parks - 2,282.50

Please complete the following form in its entirety and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

*Requests will not be considered without completion of this application.

Type of Event/Application (select one of the following):

- District Event - Request for fee waiver/in-kind services will require Commission sponsor (Complete questions 1-7, sign, date and submit prior to event)
- 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)
- 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)

1. Full legal name of the requesting organization: Huntington's Disease Society of America
South Florida Chapter.

2. Corporate Status: Select one of the choices below (For profit entities are not eligible):

- Not-For-Profit or Tax Exempt (attach proof)
- Local Government or Public Entity
- Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Debbie Gomborg
13644 SW 92ct. Miami FL 33176
786-229-2371 hdtri@bellsouth.net

4. Specify fee waiver or in-kind service requested (quantity, if applicable): Police, Fire Rescue and
Park Service / Lifeguards

5. Name, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The Huntington's
Disease Society of America - South Florida Chapter is holding
our 15th Annual Huntington's Disease Triathlon Aug 6 2006
at Crandon Park. The funds raised from this event
will all be used to fund research in finding a cure
or treatment for Huntington's Disease. This event
is put on by volunteers.

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)): Crandon Park
4000 Crandon Blvd.
Key Biscayne, FL 33149

8. Description of regional or local impact: Impact on Roadway: Defer Traffic
From 5:30 AM to 9:30 AM. (Rickenbacker Causeway)
Crandon Park: No Impact. Park open as usual.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Event Setup
Aug 5th. Event time: 6:30 AM to 11:00 AM Aug 6th.
Breakdown 11:00 AM - 2:00 AM.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Crandon Park South Beach Area
USE Rickenbacker Causeway.

11. Expected number of participants and estimated attendance (per day, if applicable): 550 participants
100 Volunteers and 150 Spectators

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

<u>Total Event Budget</u>	<u>\$30,000.00</u>	-	<u>Police Services</u>	<u>\$ 2,800.00</u>
			<u>Fire Rescue</u>	<u>\$ 2,600.00</u>
			<u>Lifeguards</u>	<u>\$ 1,300.00</u>
			<u>Park Service</u>	<u>\$ 1,200.00</u>

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

[Signature]
Signature of Authorized Representative

7/12/06
Date

EVENT	Rank	Personnel	Days	Hours	Overtime Rate	= Total
	Lieutenant	1	1	4.5	\$84.08	\$ 378.36
	Sergeants	2	1	4.5	\$72.12	\$ 649.08
	Officers	22	1	4.5	\$55.94	\$ 5,538.06
					Total	\$ 6,565.50

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**MIAMI-DADE FIRE RESCUE DEPARTMENT
SPECIAL EVENTS BUREAU
9300 N.W. 41 STREET
DORAL, FLORIDA 33178
OFFICE (786) 331-5000 / FAX (786) 331-4435**

SPECIAL EVENTS ESTIMATE SHEET

Invoice Number: _____

Date: July 27, 2006

Control Number: _____

Prepared By: P. BROWN

VENDOR INFORMATION

Name: <u>HUNTINGTON DISEASE SOCIETY OF AMERICA SOUTH FLORIDA CHAPTER</u>			
Billing Address: <u>1364 SW 92ND CT</u>			
City: <u>MIAMI</u>	State: <u>Florida</u>	Zip Code: <u>33176</u>	
Phone Number: <u>(305) 665-3222</u>	Fax Number: <u>(305) 665-3038</u>		

PERSONNEL

Rank / Title	Hourly Rate	Quantity	Event Hours	Total
Chief Fire Officer	\$ 50.25			\$ -
Captain	\$ 46.25	1	4	\$ 185.00
Lieutenant	\$ 41.00			\$ -
Fire Fighter	\$ 38.50	1	8	\$ 308.00
Fire Prevention Inspector	\$ 24.50			\$ -
Beach Manager	\$ 30.25			\$ -
Lifeguard 2	\$ 26.75			\$ -
Lifeguard 1	\$ 22.75			\$ -
Civilian (Overtime Rate Only) DISPATCHER	\$ 30.00			\$ -
Personnel Total				\$ 493.00

EQUIPMENT

Type	Hourly Rate	Quantity	Event Hours	Total
Pumper	\$ 100.00			\$ -
QRV / TRT	\$ 65.00			\$ -
Rescue Truck	\$ 50.00	1	4	\$ 200.00
Motorcycle Unit	\$ 40.00			\$ -
Rescue Cart	\$ 35.00			\$ -
Rigid Hull Inflatable Boat (RHIB)	\$ 35.00			\$ -
Personal Watercraft (PWC)	\$ 35.00			\$ -
Bicycle Unit	\$ 35.00			\$ -
Equipment Total				\$ 200.00
Personnel Total				\$ 493.00
5% Administrative Fee				\$ 34.65
Total Event Estimate				\$ 727.65

Please make checks payable to: Board of County Commissioners

Please note: The Board of County Commissioners set all rates through County Administrative Order 7-33.

NOTE: The above costs are only an estimate for your event. Any permit related inspection costs (tents, stages, etc.) and/or other related firewatch and rescue standby related costs will be borne by the vendor. Required permit inspections must be completed before occupying or use. After hours or weekend inspections will be billed at a rate of \$50.00 per hour with a minimum 4-hour charge.

Memorandum



Date: January 25, 2007

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

A handwritten signature in black ink, appearing to read "G. Burgess", written over the printed name of the County Manager.

Subject: Countywide Specific In-Kind Reserve Request Recommendation

The Office of Strategic Business Management has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The countywide in-kind reserve balance allows for the funding of this request.

Background

A retroactive waiver for in-kind services is being requested by a not-for-profit organization Huntington's Disease Society of America for their 15th Annual Triathlon held on August 6, 2006.

In-kind services have been requested in an amount not to exceed \$1,784.21 from Miami-Dade Fire Rescue (MDFR) for EMT and Lifeguard services, \$6,565.60 from Miami-Dade Police Department for police services, \$2,282.50 for fees association with Crandon Park for a total in-kind amount of \$10,632.31. The in-kind services provided by MDFR will not affect the countywide in-kind reserve; the remaining \$8,848.10 will be funded from the countywide in-kind reserve fund.

In FY 2006-07 the Huntington's Disease Society of America has not received any County funding.

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