

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(4)

09-04-07

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

RESOLUTION NO. R-990-07

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT AND THE MIAMI-DADE DEPARTMENT OF SOLID WASTE MANAGEMENT FOR THE MAY 18-19, 2007 RELAY FOR LIFE OF NORTHWEST DADE SPONSORED BY THE AMERICAN CANCER SOCIETY, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,338.00 TO BE FUNDED FROM THE DISTRICT 1 IN-KIND RESERVE FUND

WHEREAS, the American Cancer Society, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department and the Miami-Dade Department of Solid Waste Management for the May 18-19, 2007 Relay for Life of Northwest Dade event in an amount not to exceed \$1,338.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the Relay for Life of Northwest Dade is a fundraiser to benefit the American Cancer Society and aims to raise community awareness of the fight against cancer; and

WHEREAS, the American Cancer Society, Inc. is a not-for-profit organization; and

WHEREAS, the Relay for Life of Northwest Dade is a special event, as defined in the attached Fee Waiver/In-kind Service Application and the in-kind services shall be funded from the District 1 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 Park and Recreation Department and the Miami-Dade Department of Solid Waste Management for the May 18-19, 2007 Relay for Life of Northwest Dade event in an amount not to exceed \$1,338.00 to be funded from the District 1 In-kind Reserve Fund.

The foregoing resolution was sponsored by Vice-Chairwoman Barbara J. Jordan and offered by Commissioner Jose "Pepe" Diaz, who moved its adoption. The motion was seconded by Commissioner Joe A. Martinez and upon being put to a vote, the vote was as follows:

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

The Chairperson thereupon declared the resolution duly passed and adopted this 4th day of September, 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

MR

MEMORANDUM

Agenda Item No. 11(A)(4)

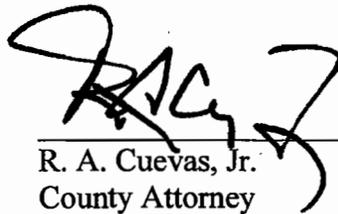
TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: September 4, 2007

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

SUBJECT: Resolution retroactively
authorizing in-kind
services for the Relay for
Life of Northwest Dade
event

The accompanying resolution was prepared and placed on the agenda at the request of Vice-Chairwoman Barbara J. Jordan.



R. A. Cuevas, Jr.
County Attorney

RAC/jls



MEMORANDUM

(Revised)

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

DATE: September 4, 2007

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

SUBJECT: Agenda Item No. 11(A)(4)

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**

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:

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

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

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.)

1. Full legal name of the requesting organization: American Cancer Society

2. Applicant Status: (Select one of the choices below)

- Not-For-Profit or Tax Exempt Local Government or Public Entity
- For-Profit
- County Sponsored Event/Sponsoring Department _____
- Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax e-mail address, etc.): Max Whitehead
3901 NW 79th Ave. Miami, FL 33166
305-779-2860

4. Specify fee waiver or in-kind service requested (quantify, if applicable): PARKS - Large Show mobile
SOIL waste: BOX TRASH BINS.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Help for a life of NW Dade. May 18-19 2007
Community gathering where teams can put overnight
because cancer does not sleep. funds benefit
Cancer Patient Services such as Reach to Recovery,
Road to Recovery, men to man, back good
feel better

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)): District 7
Miami Job Corps 3050 NW 183rd St Miami, FL 33056

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

8. Description of regional or local impact: Impact on African-Americans in the
NW Dade area for Patient Services, Increase Cancer
Awareness in the Community

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Set-up to begin
at 10am; event starts at 6pm, ends at 8pm

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): N/A

11. Expected number of participants and estimated attendance (per day, if applicable): Estimated attendance on
Friday May 18th 1,000 - Sat May 19th 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 budget \$3,500; no expenditures
by host organization; resources committed by PHS

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

Mae Whitehead
Signature of Authorized Representative

April 9, 2007
Date

Internal Revenue Service**Date:** January 5, 2004**American Cancer Society, Inc.**
National Home Office
% Finance
1599 Clifton Road
Atlanta, GA 30329-4250**Department of the Treasury**
P. O. Box 2508
Cincinnati, OH 45201**Person to Contact:**
Stephanie Broach Camp 31-04022
Customer Service Specialist
Toll Free Telephone Number:
8:00 a.m. to 6:30 p.m. EST
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
18-1788491
Group Exemption Number:
0580**Dear Sir or Madam:**

This is in response to your request of January 5, 2004 regarding a copy of your organization's group exemption letter.

In November 1942 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Based on the information supplied, we recognized the subordinates named on the list your organization submitted as exempt from federal income tax under section 501(c)(3) of the Code. Additionally, we have classified the subordinates your organization operates, supervises, or controls, and which are covered by written notification to us, as organizations that are not private foundations because they are organizations of the type described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Code.

Donors may deduct contributions to your organization's subordinates as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to the subordinates or for their 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.

Your organization and its subordinates are required to file Form 990, *Return of Organization Exempt from Income Tax*, only if the gross receipts each year are normally more than \$25,000. If a return is required, it must be filed by the 15th day of the fifth month after the end of the organization's annual accounting period. The law imposes a penalty of \$20 a day, up to a maximum of \$10,000, when a return is filed late, unless there is reasonable cause for the delay.

Your organization and its subordinates are not required to file federal income tax returns unless subject to this tax on unrelated business income under section 511 of the Code. If subject to this tax, the organization must file an income tax return on Form 990-T, *Exempt Organization Business Income Tax Return*. In this letter, we are not determining whether any of your organization or its subordinates' present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

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American Cancer Society, Inc.
13-178849-1

Unless specifically excepted, your organization and its subordinates are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more paid to each of its employees during a calendar year. Your organization and its subordinates are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Each year, at least 90 days before the end of your organization's annual accounting period, please send the following items to the Internal Revenue Service Center at the address shown below:

1. A statement describing any changes during the year in the purposes, character, or method of operation of your organization's subordinates;
2. A list showing the names, mailing addresses (including Postal Zip Codes), actual addresses if different, and employer identification numbers of subordinates that
 - a. Changed names or addresses;
 - b. Were deleted from the roster; or
 - c. Were added to the roster.
3. For subordinates to be added, attach:
 - a. A statement that the information on which your organization's present group exemption letter is based applies to the new subordinates;
 - b. A statement that each has given your organization written authorization to add its name to the roster;
 - c. A list of those to which the Service previously issued exemption rulings or determination letters;
 - d. A statement that none of the subordinates is a private foundation as defined in section 509(a) of the Code if the group exemption letter covers organizations described in section 501(c)(3);
 - e. The street address of subordinates where the mailing address is a P.O. Box; and

- 3 -

American Cancer Society, Inc.
TS-17884571

1. The information required by Revenue Procedure 75-50, 1975-1 C.B. 587 for each subordinate that is a school claiming exemption under section 501(c)(3). Also include any other information necessary to establish that the school is complying with the requirements of Revenue Ruling 71-447, 1971-2 C.B. 230. This is the same information required by Schedule A, Form 1025, Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code.
4. If applicable, a statement that your organization's group exemption number did not change since the previous report.

The above information should be sent to the following address:

Internal Revenue Service Center
Attn: Entity Control Unit
Ogden, UT 84409

Section 6104 of the Internal Revenue Code requires you to make your organization's annual return available for public inspection without charge for three years after the due date of the return. The law also requires organizations that received recognition of exemption on July 15, 1987, or later, to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. Organizations that received recognition of exemption before July 15, 1987, and had a copy of their exemption application on July 15, 1987, are also required to make available for public inspection a copy of the exemption application, any supporting documents and the exemption letter to any individual who requests such documents in person or in writing. For additional information on disclosure requirements, please refer to Internal Revenue Bulletin 1989-17.

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

Sincerely,

Donna Carlisle

Donna Carlisle, Acting Director, TTS/GE
Customer Account Services

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05-17-2007 10:08am

From-COMMISSIONER JORDAN DISTRICT OFFICE

+3054743066

T-390 P.005/006 F-584

04-24-2007 02:21pm

From-COMMISSIONER JORDAN DISTRICT OFFICE

+3054743066

T-349 P.002/008 F-480



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AND SOUND PRODUCTION**
(305) 257-8888 EXT. 240 / (305) 257-7088 (Fax)
276-8315 X224 553-8571 Fax

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: American Cancer Society

EQUIPMENT REQUESTED: May 18-19, 2007

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Barbara Jordan

OR INDEX CODE (MIAMI-DADE COUNTY AGENCIES ONLY): _____

BILLING ADDRESS/ ZIP CODE: 111 NW First Street Miami, FL 33128-1063

NAME/TITLE OF THE EVENT: Relay For Life of Northwest Dade

ADDRESS OF EVENT: 3050 NW 183rd Street Miami, FL 33056

TODAY'S DATE: March 13, 2007 **DATE (S) & TIME OF EVENT:**
May 18-19, 2007 at 9pm

SET-UP TIME & DAY: 10am Friday

TAKE-DOWN & DAY: 9am Saturday

CONTACT PERSON/PHONE: Mae Whitehead/305-779-2860

AT SITE CONTACT/CELL PHONE #: 305-926-9991

FAXED
4/24/07

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

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

05-17-2007 10:09am From-COMMISSIONER JORDAN DISTRICT OFFICE

+3054743066

T-300 P.006/006 F-594

04-24-2007 02:21pm From-COMMISSIONER JORDAN DISTRICT OFFICE

+3054743066

T-340 P.003/003 F-460

requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

*Fee 291.00
*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature Mac Whitehead

Agency/Group American Community

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 completely signed.

Memorandum



Date: September 4, 2007

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

From: George J. Burgos
County Manager

Subject: District Specific In-Kind Request Recommendation

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

Background

A retroactive waiver for in-kind services has been requested by a not-for-profit organization the American Cancer Society of Northwest Dade for their Relay For Life event held on May 18-19, 2007.

In-kind services have been requested in an amount not to exceed \$791 from the Miami-Dade Park and Recreation Department for the use of their stage and \$547 from the Department of Solid Waste Management for the use of their box trash bins for a total in-kind amount of \$1,338. This event will be funded from the District 1 in-kind reserve fund.

In FY 2006-07 the American Cancer Society has received a total of \$33,000 from the following District offices: \$5,000 from the Office of the Chair Office Funds, \$7,000 from District 1 Discretionary Reserve Fund, \$500 from District 4 Office Funds, \$3,500 from the District 4 Discretionary Reserve Fund, \$2,000 from the District 7 Discretionary Reserve Fund, \$5,000 from the District 10 Discretionary Reserve Fund, \$5,000 from the District 12 Discretionary Reserve Fund, and \$5,000 from the Mayor's Discretionary Reserve Fund. In addition, the Board approved In-kind services in the amount of \$716.00 through Resolution No. 88-07 from the District 1 In-kind Reserve Fund for the Relay for Life Event that took place in Miami Gardens, \$791.00 through Resolution 98-07 from the District 11 In-kind Reserve Fund for the Relay for Life Event that took place at Florida International University, \$3,586 through Resolution No. 586-07 from the District 11 In-kind Reserve Fund for the Relay for Life Event that took place in West Kendall, \$1,091 through Resolution No. 584-07 from the Countywide In-kind Reserve Fund for the Relay for Life Event that took place in East Kendall.

Inkind09507