

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(18)
10-02-07

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

RESOLUTION NO. R-1126-07

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE DEPARTMENT OF SOLID WASTE, THE MIAMI-DADE POLICE DEPARTMENT AND THE MIAMI-DADE FIRE RESCUE DEPARTMENT FOR THE FEBRUARY 2, 2007 SUPER BOWL XLI KICKOFF TO BETTER HEALTH SPONSORED BY THE FLORIDA DEPARTMENT OF AGRICULTURE, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$8,221.01 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 IN-KIND RESERVE FUND

WHEREAS, the Florida Department of Agriculture has requested in-kind services from the Miami-Dade Department of Solid Waste Management, the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the February 2, 2007 Super Bowl XLI Kickoff to Better Health event in an amount not to exceed \$8,221.01 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the Super Bowl XLI Kickoff to Better Health event is to promote healthy lifestyles among the residents of disparaged communities in Miami-Dade County; and

WHEREAS, the Department of Agriculture is a not-for-profit organization; and

WHEREAS, the Super Bowl XLI Kickoff to Better Health event is a special event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$5,871.01 of the in-kind services shall be funded from the Countywide In-kind Reserve Fund and \$2,350.00 of the in-kind services shall be funded from the non-ad valorem portion of the Fire Rescue 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 Department of Solid Waste Management, the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the February 2, 2007 Super Bowl XLI Kickoff to Better Health in an amount not to exceed \$8,221.01 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 In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Audrey M. Edmonson and offered by Commissioner **Jose "Pepe" Diaz**, 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	
	Barbara J. Jordan, Vice-Chairwoman	aye	
Jose "Pepe" Diaz	aye	Audrey M. Edmonson	aye
Carlos A. Gimenez	aye	Sally A. Heyman	aye
Joe A. Martinez	aye	Dennis C. Moss	aye
Dorin D. Rolle	aye	Natacha Seijas	absent
Katy Sorenson	aye	Rebeca Sosa	aye
Sen. Javier D. Souto	aye		

The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of October, 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.

MR

Monica Rizo

5

**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: ~~Dr. Esteban - Steven Anderson / DBA~~
THE EVENT CONVERGENCE GROUP
2. Applicant Status: (Select one of the choices below) FLORIDA DEPARTMENT OF AGRICULTURE

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

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Dionne Anderson
848 BARRICADE AVE #400 MIAMI FL
mail add: P.O. Box 3541 Hialeah FL 33013 (305) 693-1359
dionne @ eventconvergencegroup.com 786-285-0294

4. Specify fee waiver or in-kind service requested (quantity, if applicable):
8 Barricades Clean up, Police coverage, Fire Rescue, Solid Waste
garage sale, park out-pour FEB 2, 2007

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Kick off to Better Health of Florida Dept of Agriculture
and use minority organ tissue transplant program
an health and well-being initiative of the NFL this is
an awareness event.

6. Please select ALL that apply to event: 786, 351-7564 Lt. Brooklyn

- 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)): 5400 NW 22 Ave
Miami FL

MEMORANDUM

Agenda Item No. 11(A)(18)

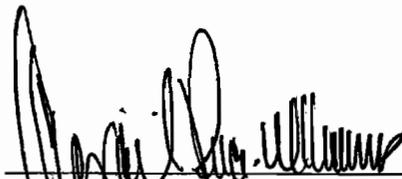
TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: October 2, 2007

FROM: Abigail Price-Williams
Acting County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
for the Super Bowl XLI
Kickoff to Better Health
Sponsored by the Florida
Dept. of Agriculture

The accompanying resolution was prepared and placed on the agenda at the request of
Commissioner Audrey M. Edmonson.



Abigail Price-Williams
Acting County Attorney

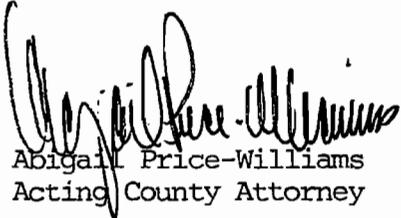
APW/dcp



MEMORANDUM
(Revised)

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

DATE: October 2, 2007

FROM: 
Abigail Price-Williams
Acting County Attorney

SUBJECT: Agenda Item No. 11(A)(18)

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

8. Description of regional or local impact: Increase of educational and awareness health issues in the minority community. ~~to~~ posturing the Liberty City area for 2012 Super Bowl activities.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 4 AM to 6 PM.
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): _____
11. Expected number of participants and estimated attendance (per day, if applicable): 1,500 ^{to} 3,000 people
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): - See attached

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

[Signature]
Signature of Authorized Representative

2/1/07
Date



Florida Department of Agriculture and Consumer Services
CHARLES H. BRONSON, Commissioner
The Capitol • Tallahassee, FL 32399-0800
www.doacs.state.fl.us

Please Respond to:

March 26, 2007

Ms. Delores Green
Coordinator, In-Kind Services
Miami-Dade County
Office of Strategic Business Management

Dear Ms. Green,

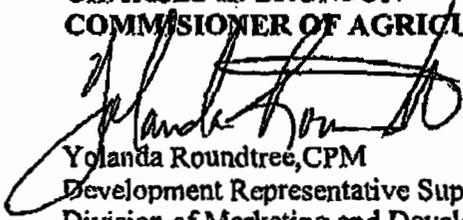
The Florida Department of Agriculture and Consumer Services in conjunction with local health partners in Miami-Dade worked together to facilitate an event that took place on February 2, 2007 as a part of the Super Bowl XLI Kickoff to Better Health program. This event was a part of a three month promotion in which the Florida Department of Agriculture and Consumer Services partnered with the NFL to promote healthy lifestyles among residents in disparaged communities throughout South Florida.

In working with the local event coordinator, The Event Firm for the February 2nd event I am requesting any in-kind services or contributions that may be provided by Miami-Dade County to assist in the success of this community event. Currently, the Florida Department of Agriculture has paid for all media and marketing for this event and all other Super Bowl XLI Kickoff to Better Health events that have been held. In addition, we have also received in-kind contributions from Winn-Dixie and McArthur Dairy for food and dairy products used during this event as well as in-kind services from the Le Cordon Bleu College of Culinary Arts of Miami.

Your assistance in this matter would be greatly appreciated. If you have questions or need further information please feel free to contact me at (850) 413-7961 or e-mail roundty@doacs.state.fl.us.

Sincerely,

CHARLES H. BRONSON
COMMISSIONER OF AGRICULTURE


Yolanda Roundtree, CPM
Development Representative Supervisor
Division of Marketing and Development



Florida Agriculture and Forest Products
\$87 Billion for Florida's Economy

Form **W-9**
Rev. January 2003
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requestor. Do not
send to the IRS.

Print or type
See Special instructions on page 2

Name
FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Business name, if different from above

Check appropriate box: Individual Sole proprietor Corporation Partnership Other GOVT Agency Exempt from backup withholding

Address (number, street, and apt. or suite no.)
407 SOUTH CALHOUN STREET, MS-M8

Requestor's name and address (optional)

City, state, and ZIP code
TALLAHASSEE, FLORIDA 32399-0600

List account number(s) and/or (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. 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 2. 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.

Social security number
| | | | | | | | | |

or

Employer identification number
8 9 2 8 8 3 9 6 5

Notes: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

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. person (including a U.S. resident alien).

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 *David C. Gray* Date

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.

U.S. person. 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.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Memorandum



Date: January 31, 2007

To: Robert Parker, Director
Miami-Dade Police Department

From: Sheila W. Thomas, Major
Northside District

Subject: Health Fair, Steve Harvey Talk Show After-Action Report

Situation:

On Friday, February 2, 2007, the Kick-Off to Fitness Health Fair in calibration with FM 103.5, The Beat Radio Station will be transmitting live the Steve Harvey Radio Talk show, along with other local radio stations, in an effort to raise health awareness and kick off the Super Bowl weekend. The event will be held at the Joseph Caleb Center (JCC), located at 5400 NW 22 Avenue. Approximately 4000 people are expected to attend along with a multitude of local and national celebrities. Due to the size and nature of the event, police services from the Miami-Dade Police Department (MDPD) were utilized.

Background:

The Northside Neighborhood (NRU) was responsible for planning, staffing, and managing police services, with Lieutenant Antonio Brooklen designated as the event coordinator, and commander. Sergeant Armando Planas designated as the event Supervisor.

Planning and Resource Acquisition:

On January 25, 2007, Lieutenant Brooklen spoke to the promoter, who stated that in addition to the radio personalities, vendors would be giving items away. He also stated that County Commissioner Audrey Edmonson would sponsor a resolution for in-kind funding, and predicted that 5,000 people would attend.

Topics of discussion included, but were not limited to, police responsibilities, first aid concerns, crowd dynamics, and hours of operation. Based on this information, a standby Special Events Response Team would be available to respond if necessary.

Staffing, Assignments, and Deployment:

Operational support began on February 2, 2007, at 4 a.m., at the event site with the commencement of roll call and distribution of assignments. Northside TAC-A, was utilized for communication purposes. Assignments included parking lot security, the stage area, and JCC. A total of 22 sworn MDPD personnel were utilized consisting of 1 lieutenant, 4 sergeants, and 16 officers. The live broadcast began at 6 a.m., and concluded at 7 p.m., without incident.

Budgetary Considerations:

The cost for providing police services for the event, not inclusive of on-duty administrative time devoted to planning the operation, is as follows:

Personnel – Regular-Duty

Number/Title	Hours	Hourly Remuneration	Salary Expenses
1 Lieutenant	8	Actual Rate	\$359.42672
2 Sergeants	16	Actual Rate	\$535.46288
9 Officers	72	Actual Rate	\$2,015.1305
			\$ 2,910.0201

Personnel – Overtime-Duty

Number/Title	Hours	Hourly Remuneration	Salary Expenses
1 Lieutenant	8	Actual Rate	\$680.28696
4 Sergeants	48	Actual Rate	\$3,109.0424
16 Officers	200	Actual Rate	\$10,115.01440
		Subtotal	\$13,904.343
		Total	\$16,814.363

Concerns:

None

Recommendations:

None

Conclusion:

The overall coordination, management, and operation of police resources for this event were extremely effective with no incidents. The event promoter was very complimentary of the officers' performance. The success of the event can be directly attributed to the cooperation of all parties involved.

SWT/ab

Willis McGahee Celebrity Flag Football Tournament and Festival
After-Action Report

Prepared by: _____
Sergeant Richard Daker
Special Events Unit

Reviewed By: _____
Russell Fischer, Chief
Uniform Services Division

Robert Holden
Assistant Director
Departmental Services

MIAMI-DADE FIRE RESCUE DEPARTMENT
HEADQUARTERS
SPECIAL EVENTS BUREAU
9300 N.W. 41st STREET
MIAMI, FLORIDA 33178
(786) 331-4552



INVOICE

Customer

COMM AUDREY EDMONSON
Att 305-636-2331
5400 NW 22ND AVE
MIAMI

FL 33142

Customer ID : 1616
Permit # : 02-07-074
Invoice Number : 6113
Date : 03/01/07

Initial Date	Final Date	Personnel	Overtime	Equipment	Total
02/01/07	02/28/07	\$0.00	\$2,340.14	\$0.00	\$2,340.14
		<u>\$0.00</u>	<u>\$2,340.14</u>	<u>\$0.00</u>	<u>\$2,340.14</u>

Administrative Fee 5%	\$0.00
Invoice Total	\$2,340.14
Less Deposit	\$0.00
Invoice Balance Due	\$2,340.14

Summary of Outstanding Invoices

< 30 days	31-60	61-90	91-120	Over 120	Total Outstanding Balance
\$2,340.14	\$0.00	\$0.00	\$0.00	\$0.00	\$2,340.14

Please note that this invoice may not reflect all vouchers and equipment for a given event or permit. Unless otherwise noted all payments will be applied to oldest outstanding balance. Disputed amounts must be communicated to MDRF within 30 days of this invoice. For contact billing questions please call 786-331-4487 or via e-mail to MDRFSpecialEvents@miamidade.gov

Detach and remit with payment

Remittances should be made to

Miami Dade Fire Rescue
Finance Bureau
9300 NW 41St
Miami Fl. 33178

Customer : COMM AUDREY EDMONSON
 Customer ID : 1616
 Permit # : 02-07-074
 Invoice Number : 6113
 Invoice Amount : \$2,340.14
 Total Outstanding Amount : \$2,340.14
 Amount Enclosed \$ _____

In kind

Memorandum



Date: October 2, 2007

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

From: George M. Burgess
County Manager 

Subject: Countywide 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 countywide 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 Florida Department of Agriculture for their NFL Kickoff to Good Health event held on February 2, 2007.

In-kind services have been requested in an amount not to exceed \$499 from the Department of Solid Waste Management for trash receptacles, \$5,372.01 from the Miami-Dade Police Department for police services and \$2,350 from the Miami-Dade Fire Rescue Department for EMS services for a total in-kind amount of \$8,221.01. This event will 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.

In FY 2006-07, the Florida Department of Agriculture has not received any County funding for this event.

Inkind09807