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

MEMORANDUM

Agenda Item No. 11(A)(17)

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

DATE: March 4, 2008

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

SUBJECT: Resolution retroactively authorizing in-kind services for the Miami Kidney Walk 2008

Resolution No. R-254-08

The accompanying resolution was prepared and placed on the agenda at the request of Chairman Bruno A. Barreiro.

R. A. Cuevas, Jr.
County Attorney

RAC/cep

MEMORANDUM

(Revised)

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

DATE: March 4, 2008

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

SUBJECT: Agenda Item No. 11(A)(17)

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**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(17)
3-4-08

RESOLUTION NO. **R-254-08**

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT AND THE MIAMI-DADE ELECTIONS DEPARTMENT FOR THE FEBRUARY 10, 2008 MIAMI KIDNEY WALK 2008 SPONSORED BY THE NATIONAL KIDNEY FOUNDATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $2,566.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

WHEREAS, the National Kidney Foundation, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department and the Miami-Dade Elections Department for the February 10, 2008 Miami Kidney Walk 2008 event in an amount not to exceed $2,566.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the Miami Kidney Walk 2008 event is to raise funds and awareness about kidney disease; and

WHEREAS, the National Kidney Foundation, Inc. is a not-for-profit organization; and

WHEREAS, the Miami Kidney Walk 2008 event is a major event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and the in-kind services shall be funded from the Countywide 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 Elections Department for the February 10, 2008 Miami Kidney Walk 2008 event in an amount not to exceed $2,566.00 to be funded from the Countywide In-kind Reserve Fund.

The foregoing resolution was sponsored by Chairman Bruno A. Barreiro and offered by Commissioner **Joe A. Martinez**, who moved its adoption. The motion was seconded by Commissioner **Sally A. Heyman** 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**
Dorrin D. Rolle	**aye**	Natacha Seijas	**aye**
Katy Sorenson	**absent**	Rebeca Sosa	**aye**
Sen. Javier D. Souto	**aye**		

The Chairperson thereupon declared the resolution duly passed and adopted this 4th day of March, 2008. 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

Elections #1600
Park 966
$2566

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: ~~Miami Kidney Walk 2008~~ @ Natl Kidney Foundation Inc.
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.):
   Kim Hogan Production Manager-Taurus Production Grp
   286 Westward DR Miami, FL 33166
   (T) 305.883.9387 (F) 305.805.3708 (E) Khogan10@AOL.com
4. Specify fee waiver or in-kind service requested (quantify, if applicable): We are requesting in-kind services from the following departments:
   *~~Police, Fire department~~, parks and recreation and elections (TABLE & chairs) $9666 $1600

* services can not be provided in the City of Miami

J. Barreiro

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5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Miami Kidney Walk 2008 Sunday, Feb 10, 2008
Bayfront Park - 9:00 AM
* See Attached

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 Bruno A. Barreiro
Bayfront Park 301 Biscayne Blvd. Miami, FL 33132

8. Description of regional or local impact: See Attached

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
Registration - 8:00AM
Walk - 9:00 AM Concert 11:00 - 1:00
Breakdown - 1:00

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10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Attached Course Map 2007. 2008 Course to be finalized next week.

11. Expected number of participants and estimated attendance (per day, if applicable): 2007- attendance 750 expected 750-1000

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 of Authorized Representative

1/3/08
Date

MEMORANDUM
OFFICE OF THE MAYOR

DATE: November 19, 2007

TO: Department Directors

FROM: Carlos Alvarez, Mayor
Miami-Dade County

SUBJECT: 2008 Miami Kidney Walk

On **Sunday, February 10, 2008**, Miami-Dade County Employees will participate in the 2008 Miami Kidney Walk at Bayfront Park in Downtown Miami. The Kidney Walk is a 5K non-competitive walk to raise money and awareness about kidney disease.

Kidney disease affects one in nine American adults who don't even know they have it and at least 20 million more are at risk. In fact, nearly 90,000 people are waiting for organ transplants and 17 people die every day waiting.

I am requesting that you designate a Kidney Walk Captain for your department. These captains will be responsible for recruiting employees to participate in the walk, establishing a fundraising goal and for ensuring those goals are met.

Please submit your department's liaison name to Pam Regula, Special Events Coordinator via e-mail at regula@miamidade.gov or phone at 305-375-2477 no later than December 3, 2007.

Thank you for your cooperation.

c: Denis Morales, Chief of Staff, Office of the Mayor
George M. Burgess, County Manager
Assistant County Managers
Assistants to the County Manager

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Form **W-9**
(Rev. January 2005)
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.

Name (as shown on your income tax return)
National Kidney Foundation of Florida, Inc.

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☑ Corporation ☐ Partnership ☐ Other ▶ ____ ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
1040 Woodcock Rd. Suite 119

Requester's name and address (optional)

City, state, and ZIP code
Orlando, FL 32803

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 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
			+					

or

Employer identification number
5	9	2	1	9	0	0	7	3

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. 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 ▶ Juliet Vegara — Date ▶ 2/3/05

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:

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.

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.*

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(b) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 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 to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

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May 15 07 01:13p

NYS Department of State

Division of Corporations

Entity Information

Selected Entity Name: NATIONAL KIDNEY FOUNDATION, INC.

Selected Entity Status Information

Current Entity Name:	NATIONAL KIDNEY FOUNDATION, INC.
Initial DOS Filing Date:	DECEMBER 01, 1950
County:	NEW YORK
Jurisdiction:	NEW YORK
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Current Entity Status:	ACTIVE

Selected Entity Address Information

DOS Process (Address to which DOS will mail process if accepted on behalf of the entity)
NATIONAL KIDNEY FOUNDATION, INC.
30 E. 33RD STREET
NEW YORK, NEW YORK, 10016

Registered Agent

NONE

NOTE: New York State does not issue organizational identification numbers.

Search Results New Search

Division of Corporations, State Records and UCC Home Page NYS Department of State Home Page

10

Internal Revenue Service

District
Director

Department of the Treasury

10 MetroTech Center
625 Fulton Street
Brooklyn, NY 11201

Date: SEP 30 1996

National Kidney
Foundation, Inc.
30 East 33rd Street
New York, NY
10016-5337

Person to Contact
Patricia Holub
Contact Telephone Number:
(718) 488-2333
EIN: 13-1673104

Dear Sir or Madam:

Reference is made to your request for verification of the tax exempt status of National Kidney Foundation, Inc.

A determination or ruling letter issued to an organization granting exemption under the Internal Revenue Code remains in effect until the tax exempt status has been terminated, revoked or modified.

Our records indicate that exemption was granted as shown below.

Sincerely yours,

Patricia Holub 9/30/96
Patricia Holub
Manager, Customer
Service Unit

Name of Organization: National Kidney Foundation, Inc.

Date of Exemption Letter: September 1969

Exemption granted pursuant to section 501(c)(3) of the Internal Revenue Code.

Foundation Classification (if applicable): Not a private foundation as you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

This is the Parent Organization with Group Exemption Number 2041

Jan 07 08 04:13p Stanley 786 318 8900 p.7
May 15 07 01:30p

Miami Walk 2008 Detailed Expense Budget

Staff Related Expenses	$	2,500
Computer Domain Website Set Up	$	8,000
City Fees (Bayfront Park)	$	6,000
Corporate Kick Off	$	2,000
Walk Supplies	$	500
Printing (brochures/posters)	$	5,000
Postage	$	2,000
Logistics	$	15,000
T-Shirts	$	4,500
Incentives (Ipod/hats, gift cards)	$	10,000
Volunteer Shirts	$	250
Trophies	$	600
Banners	$	1,000
Awards Luncheon	$	1,000
	$	**58,350**

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National Kidney Foundation KIDNEY WALK

Official Media Sponsors

Miami Kidney Walk February 10, 2008
"Side-by-Side for Life"
National Kidney Foundation of Florida

Sponsorship Levels

Presenting Sponsor.....$25,000
- ☐ Company gains full exclusivity of Presenting Sponsorship based upon realm of business
- ☐ Your company named as Presenting Sponsor on all printed materials and media, website
- ☐ Prominent logo recognition on all signage at walk location
- ☐ Company recognition on all distributed pre/ post communication material
- ☐ Opportunity for company representative to speak at walk and all pre-walk events
- ☐ Invitations to the Corporate Breakfast
- ☐ Invitations to the Walk VIP reception
- ☐ Opportunity to staff a corporate display booth and distribute materials
- ☐ Logo prominently displayed on walk giveaways and t-shirts
- ☐ Employee volunteer opportunities

Platinum Sponsor.....$10,000
- ☐ Your company named as Platinum Sponsor on printed materials and media, website
- ☐ Logo recognition on water stop and walk route signage at walk
- ☐ Company recognition on distributed pre/ post communication material
- ☐ Invitations to the Walk VIP reception
- ☐ Opportunity to staff a corporate display booth and distribute materials
- ☐ Logo prominently displayed on walk giveaways and t-shirts
- ☐ Employee volunteer opportunities

Gold Sponsor.....$5,000
- ☐ Your company named as Gold Sponsor on printed materials and website
- ☐ Logo recognition on water stop signage at walk location
- ☐ Company recognition on distributed pre/ post communication material
- ☐ Invitations to the Walk VIP reception
- ☐ Opportunity to staff a corporate display booth and distribute materials
- ☐ Employee volunteer opportunities

Silver Sponsor.....$2,500
- ☐ Your company named as Silver Sponsor on website
- ☐ Company recognition on distributed pre/ post communication printed material
- ☐ Opportunity to have a one- liner in the newspaper
- ☐ Employee volunteer opportunities

***All benefits are subject to deadline, availability, and approval by the National Kidney Foundation of Florida*
***Custom sponsor packages are negotiable, and can be requested.*

Jan 07 08 04:14p Stanley 786 318 8900 p.11

Wellness Tent Sponsor.....$3,000

- ☐ Your company named as Wellness Tent Sponsor on website
- ☐ Company recognition at sponsor benefit area
- ☐ Logo recognition on Walk day banner
- ☐ Opportunity to staff a corporate display booth and distribute materials
- ☐ Employee volunteer opportunities

Kids Corner Sponsor..... $3,000

- ☐ Your company named as Kids Corner Sponsor on website
- ☐ Company recognition at sponsor benefit area
- ☐ Opportunity to staff a corporate display booth and distribute materials
- ☐ Employee volunteer opportunities

Sponsor Categories: (Please fax this portion to (305) 854-4131)

- ☐ Presenting. $25,000
- ☐ Platinum..... $10,000
- ☐ Gold.....$ 5,000
- ☐ Silver..... $ 2,500
- ☐ Wellness Tent.$ 3,000
- ☐ Kid's Corner $ 3,000

CONTACT INFORMATION (*Please print clearly and legibly*)

COMPANY NAME

CONTACT TITLE

STREET ADDRESS CITY/STATE/ZIP

PHONE/FAX

E-MAIL

PAYMENT OPTIONS:

- ☐ BILL ME
- ☐ ENCLOSED IS MY CHECK MADE PAYABLE TO: *NKF OF FLORIDA*
  1040 WOODCOCK ROAD, SUITE 119
  ORLANDO, FL 32803
- ☐ CHARGE MY:
  - ☐ VISA
  - ☐ MASTERCARD
  - ☐ AMERICAN EXPRESS
  - ☐ DISCOVER

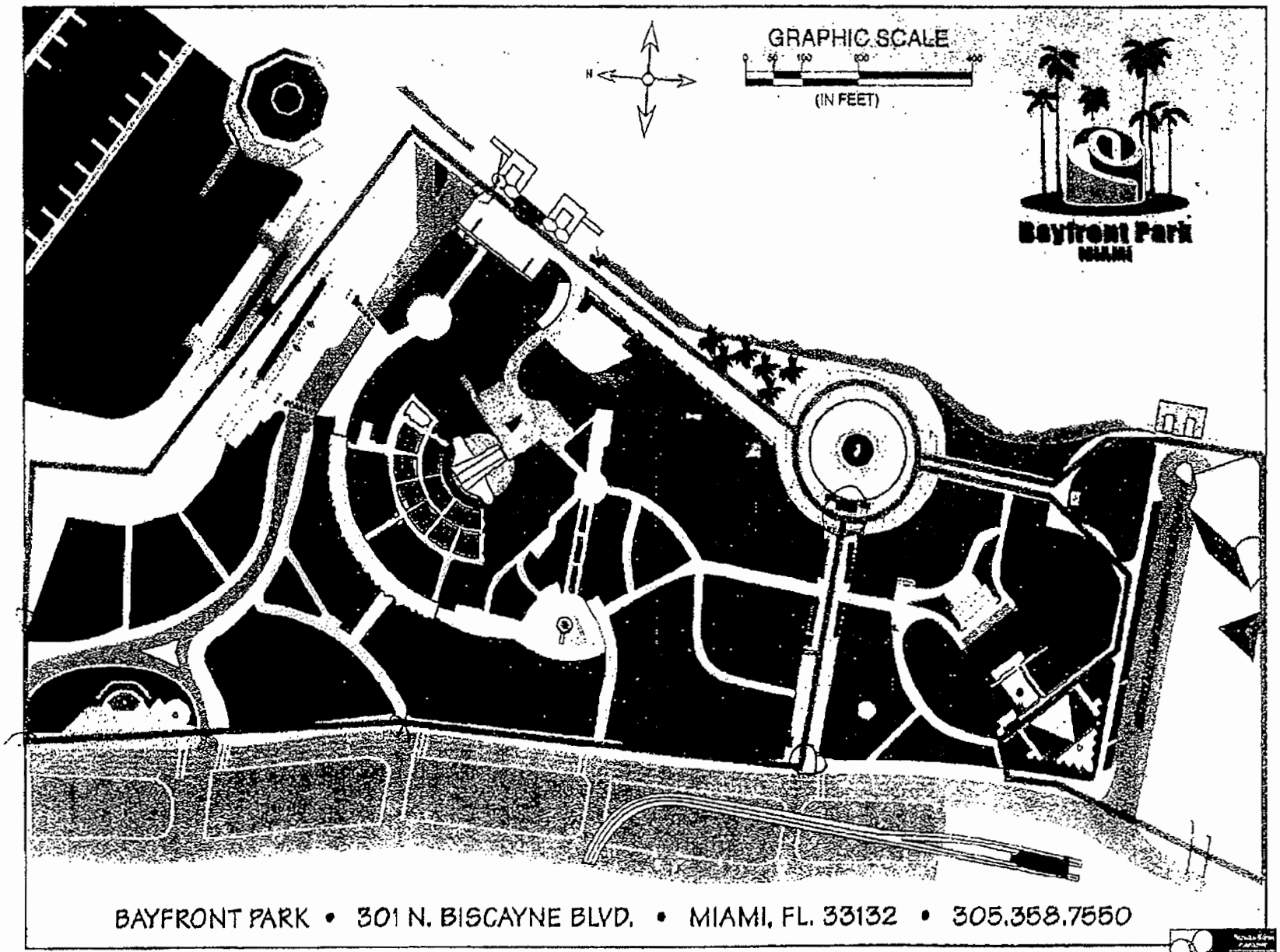
Card Number Exp. Date Verification Code

Name as it appears on card

Signature

*Please note: we will need to obtain a copy of your company logo in a *300dpi jpg file*, should you choose to sponsor.

Jan 07 08 04:14p Stanley 786 318 8900 p.12


GRAPHIC SCALE
0 50 100 200 400
(IN FEET)
N
Bayfront Park
MIAMI
BAYFRONT PARK • 301 N. BISCAYNE BLVD. • MIAMI, FL. 33132 • 305.358.7550
KIDNEY WALK

National Kidney Foundation®

of FLORIDA

FOR IMMEDIATE RELEASE

Contact: Juliet Venzara
Phone: (305)854-5690

Inaugural Miami Kidney Walk Raises $187,000 for Kidney Disease

(Miami, FL) (February 12, 2007)——More than 700 people helped stamp out kidney disease on February 11 2007 at the National Kidney Foundation of Florida's Miami Kidney Walk at Bayfront Park. The Inaugural event was a huge success raising $187,000 for the programs and services of the Foundation while getting the word out about the importance of early detection for kidney disease. The team camaraderie was evident as Teams like Peter of London Salons arrived in a stretch hummer limo with their 28 team members who fundraised $11,000 for the National Kidney Foundation. Other teams huddled around Ann Lopez, kidney donor to her husband, Actor George Lopez as they exchanged stories of kidney transplant and dialysis and how it affects their lives. They felt a strong emotional connection with Ann Lopez; her presence at the walk showed how supportive she and George Lopez are of the efforts of the National Kidney Foundation.

"I walked in honor of my daughter, Gerlisa who is 13 years old on dialysis," said Robbin Farrington, of Miami who walked the 5K with her family members while little Gerlisa sat and watched. "I never realized how many children are on dialysis until my daughter was stricken with kidney disease and started pediatric dialysis."

Major Company Teams represented included Coconut Grove Bank, Akerman Senterfitt, Goldstein Schechter Price Lucas Horowitz, DaVita, Partnership for Prescription Assistance, Fresenius Medical Care, Abbott Renal Care, SDA Product and Courier Med, American Express, HCA Hospitals, Peter of London Salons, Law Offices of Alfredo J. Perez, just to name a few. Coconut Grove Bank won the Corporate Team Challenge by raising $22,000 for the National Kidney Foundation.

-more-

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Even 5 year old Emily Graham fundraised $3,700 on her own. Emily dictated a personal letter that her mother typed and posted on Emily's fundraising website and emailed it out to their family and friends who in turn donated to the cause. She received a trophy for the youngest fundraiser at the Kidney Walk. The impressive part of the Walk is that 83 cents of every dollar raised for the NKF of Florida goes back to programs and services; higher than industry standards.

There are 1.8 million Floridians with some form of kidney disease and 19,000 of them are in kidney failure and depend on dialysis to survive," says Stephanie Hutchinson of the National Kidney Foundation of Florida. The Miami Kidney Walk is part of the National Kidney Foundation of Florida's broader campaign to educate the public and at-risk populations about kidney disease. High blood pressure and diabetes are the leading causes of kidney disease. Early detection through screening blood, blood pressure and urine can prevent or delay the onset of kidney failure.

The National Kidney Foundation of Florida is dedicated to the prevention of kidney and urinary tract disease, improving the health and well-being of patients and families affected by these diseases and increasing the availability of all organs for transplantation. For more information about kidney disease call (800)927-9659 or visit www.kidneyfla.org.

###

Miami Dade Elections Department

Quotation

"Delivering Excellence Every Day"

DATE January 15, 2008

2700 NW 87th Ave
Miami, FL 33172
Phone (305) 499-8559 Fax (305) 470-1784

Bill To:
Kim Hogan
Taurus Production Group
286 Westward Drive
Miami, Fl 33166
Phone (305) 883-9387

Prepared by: Ulices Odelin

Comments or special instructions:

Description	AMOUNT
100 Chairs $.25	$ 150.00
50 Tables $.75	$ 150.00
Delivery Charge	$ 200.00
4 employees (4 delivery and 4 pick-up)	$ 500.00
Truck Rental	$ 600.00
TOTAL	$ 1,600.00

If you have any questions concerning this quotation, contact Ulices Odelin, (305) 499-8559, E-mail: Ode@miamidade.gov

THANK YOU FOR YOUR BUSINESS!

Memorandum

MIAMI-DADE COUNTY

Date: March 4, 2008

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

From: George M. Burgess
County Manager

Subject: Countywide In-Kind Reserve Request Recommendation

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 is being requested by a not-for-profit organization National Kidney Walk Foundation, Inc. for the annual Miami Kidney Walk 2008 for the event held on February 10, 2008.

In-kind services have been requested in an amount not to exceed $966 from the Miami-Dade Park and Recreation Department for the use of a medium show mobile, $1,600 from the Miami-Dade Elections Department for use of tables and chairs rental for a total in-kind amount of $2,566. This event will be funded from the countywide in-kind reserve fund.

In FY 2007-08, the National Kidney Walk Foundation, Inc. has received $5,500 from the following District offices: $500 from District 4 discretionary reserve, $1,000 from District 7 discretionary reserve, $500 from District 9 discretionary reserve, $2,000 from District 10 discretionary reserve, $1,000 from District 12 discretionary reserve, and $500 from District 13 discretionary reserve.

Inkind5208