

## MEMORANDUM

Agenda Item No. 11(A)(29)

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

**DATE:** September 2, 2008

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

**SUBJECT:** Resolution retroactively  
authorizing in-kind services  
for the April 12, 2008 29th  
Annual 5K Walk/Run for  
Sickle Cell

**Resolution No. R-947-08**

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

  
\_\_\_\_\_  
R. A. Cuevas, Jr.  
County Attorney

RAC/up



# MEMORANDUM

(Revised)

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

DATE: September 2, 2008

A handwritten signature in black ink, appearing to read "R. A. Cuevas, Jr.", written over the printed name.

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

SUBJECT: Agenda Item No. 11(A)(29)

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) (29)  
9-2-08

RESOLUTION NO. R-947-08

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT FOR THE APRIL 12, 2008 “29<sup>TH</sup> ANNUAL 5K WALK/RUN FOR SICKLE CELL DISEASE” SPONSORED BY SICKLE CELL DISEASE ASSOCIATION OF AMERICA, MIAMI-DADE CHAPTER, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,050.00 TO BE FUNDED FROM THE DISTRICT 1 IN-KIND RESERVE FUND

**WHEREAS**, the Sickle Cell Disease Association of America, Miami-Dade County Chapter, Inc., has requested in-kind services from the Miami-Dade Police Department for the April 12, 2008 “29<sup>th</sup> Annual 5K Walk/Run For Sickle Cell Disease” in an amount not to exceed \$1,050.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the “29<sup>th</sup> Annual 5K Walk/Run For Sickle Cell Disease” is a major fundraiser event designed to raise funds to support research and development, provide education and offer assistance to individuals and families with the Sickle Cell Disease; and

**WHEREAS**, the Sickle Cell Disease Association of America, Miami-Dade County Chapter, Inc., is a not-for-profit organization; and

**WHEREAS**, the “29<sup>th</sup> Annual 5K Walk/Run For Sickle Cell Disease” is a special 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 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 Police Department for the April 12, 2008 “29<sup>th</sup>

Annual 5K Walk/Run For Sickle Cell Disease” in an amount not to exceed \$1,050.00 to be funded from the District 1 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Vice-Chairwoman Barbara J. Jordan. It was offered by Commissioner **Rebeca Sosa**, who moved its adoption. The motion was seconded by Commissioner **Dorrin D. Rolle** and upon being put to a vote, the vote was as follows:

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

The Chairperson thereupon declared the resolution duly passed and adopted this 2<sup>nd</sup> day of September, 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.

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:

Delores Green  
Office of Strategic Business Management  
111 N.W. 1<sup>st</sup> 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: Sickle Cell Disease Association of America, Miami - Dade County Chapter, 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.): Astrid K. Mack Executive Director, 794 NW 18<sup>th</sup> Street Miami, FL 33146. Telephone: (C) 305-243-6998; (C) 305-804-9865 (no reception, M-F, 8:30 am - 5:30 pm); (F) 305-243-2938; email: amack@med.miami.edu

4. Specify fee waiver or in-kind service requested (quantity, if applicable): Request is made to set-up roadblocks, control traffic along the 5K Walk/Run route around Dolphin Stadium, (specifically @ Gate 4 @ NW 199<sup>th</sup> Street, NW 26<sup>th</sup> Avenue @ 199<sup>th</sup> Street @ and @ 203<sup>rd</sup> Street) and first aid and related services for ~300-500 runners/walkers.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The 20<sup>th</sup> Annual 5K (3.1 mi.) Walk/Run for Sickle Cell Disease is the major fund-raiser designed to provide assistance and support of individuals and families with Sickle Cell Disease, support research for cure, and provide education and awareness the entire Miami-Dade County community.

April 12, 2008

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

*Jordan*

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

7. Physical address of event venues (please specify Commission District(s)): The Dolphin Stadium,  
199 NW 199 Street, Miami Gardens, FL 33056

8. Description of regional or local impact: It is expected that this fund raising and community-  
building event will impact the entire South Florida Community,  
especially all of Miami-Dade County and South Broward County

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Event Schedule -  
See Attachment A.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See Attachments B, C, + D.

11. Expected number of participants and estimated attendance (per day, if applicable): It is expected that ~ 300 persons  
will participate in the walk/run, with ~ 200 additional persons for the Health Fair  
and Battle of the Drum Lines.

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): The Dolphin Stadium is the Title Sponsor for this event. Additional  
sponsors and benefactors have been identified and are being sought to provide  
other amenities.

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

Artrid K. Mack  
Signature of Authorized Representative

02-28-08  
Date

Attachment A

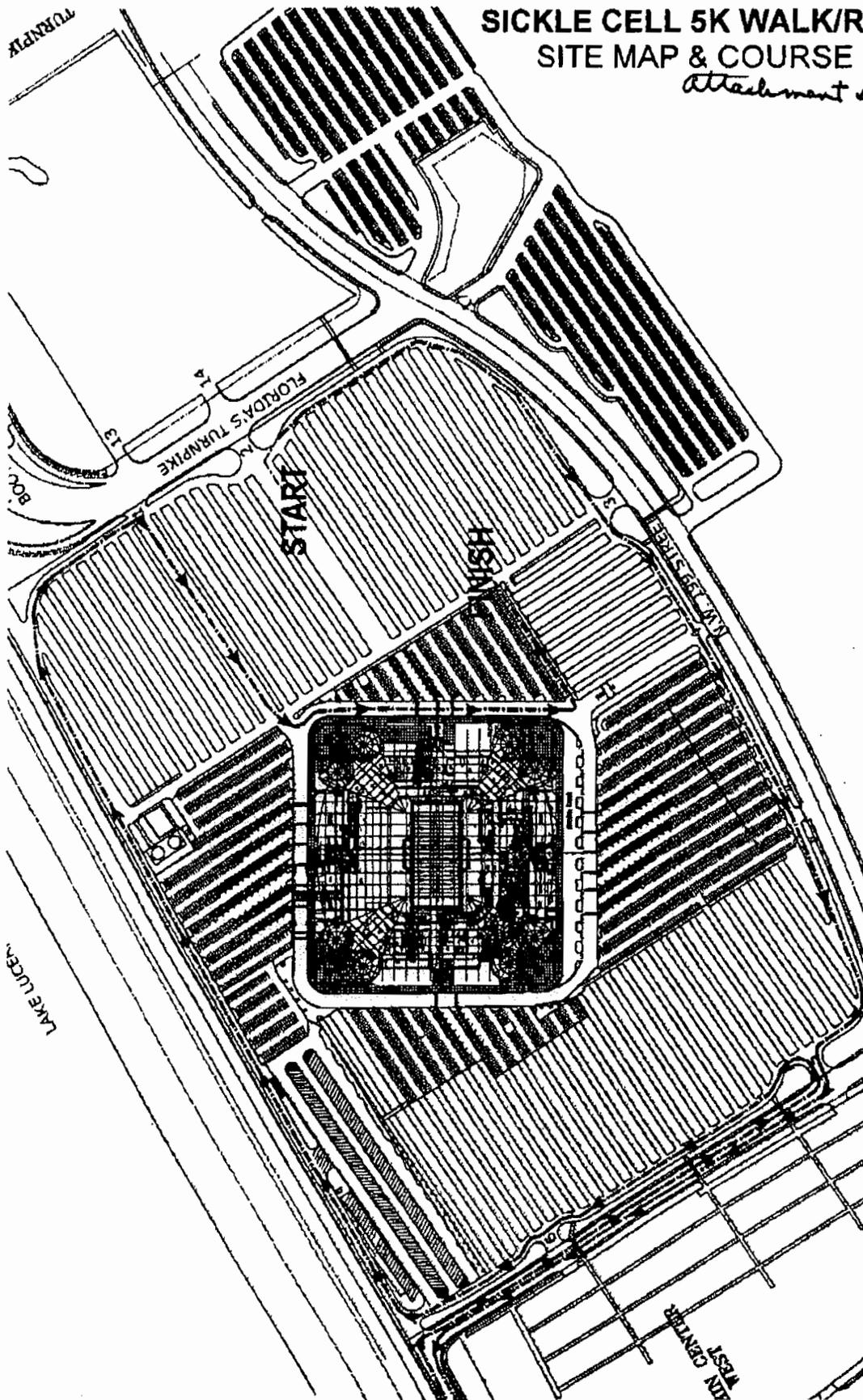
**Event Schedule**

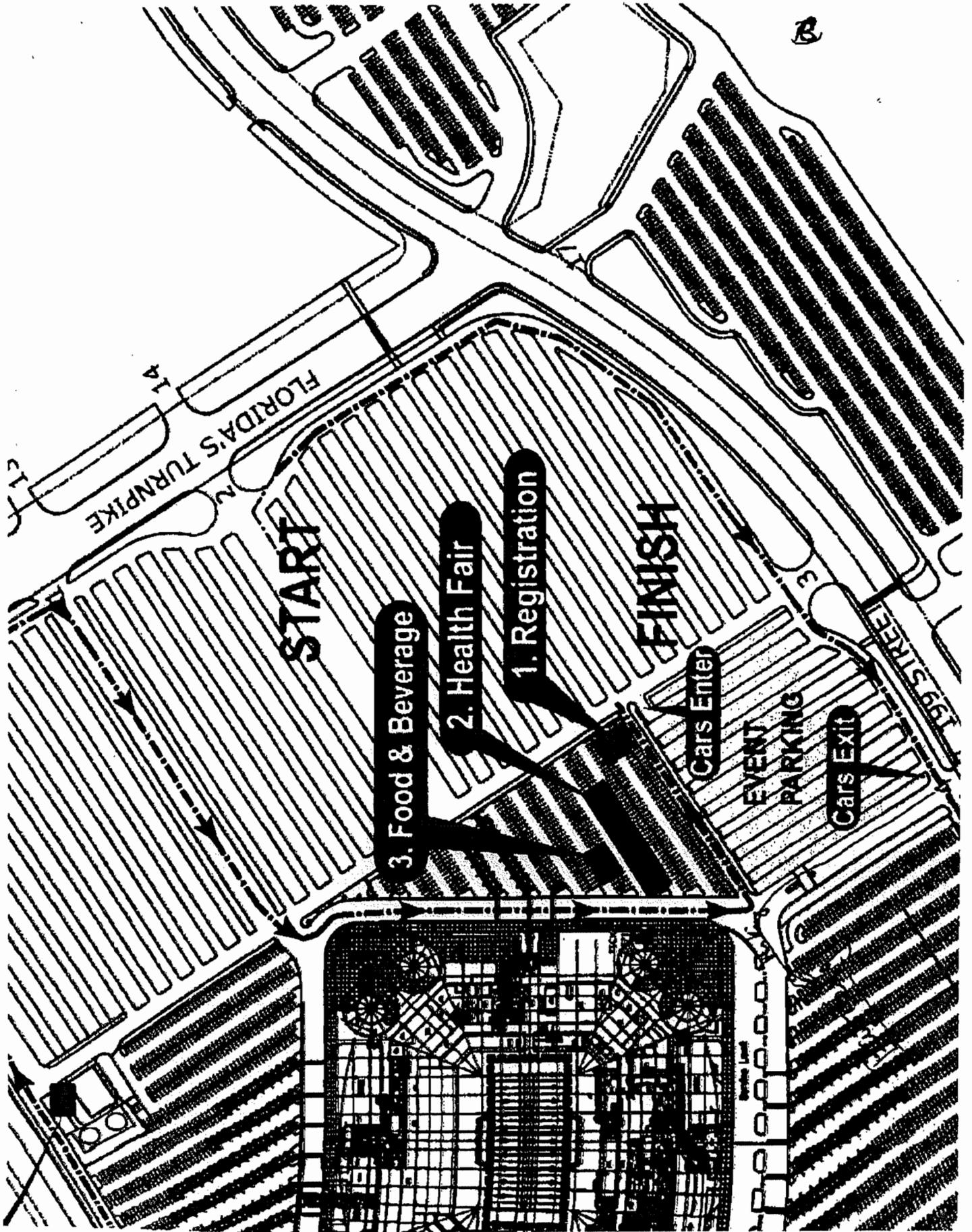
**29th Annual 5K Walk/Run for Sickle Cell Disease  
Saturday, April 12, 2008  
Dolphin Stadium  
2269 NW 199<sup>th</sup> Street  
Miami Gardens, FL**

|                 |  |
|-----------------|--|
| <b>6:30 am</b>  | <b>Set-up</b>                            |
| <b>7:00 am</b>  | <b>Registration</b>                      |
| <b>7:45 am</b>  | <b>Pre-Walk Show</b>                     |
| <b>8:00 am</b>  | <b>Race begins</b>                       |
| <b>9:00 am</b>  | <b>Set-up for Health Fair</b>            |
| <b>10:00 am</b> | <b>"Battle of the Drum Lines" begins</b> |
| <b>2:00 pm</b>  | <b>Breakdown all venues/depart</b>       |

# SICKLE CELL 5K WALK/RUN SITE MAP & COURSE

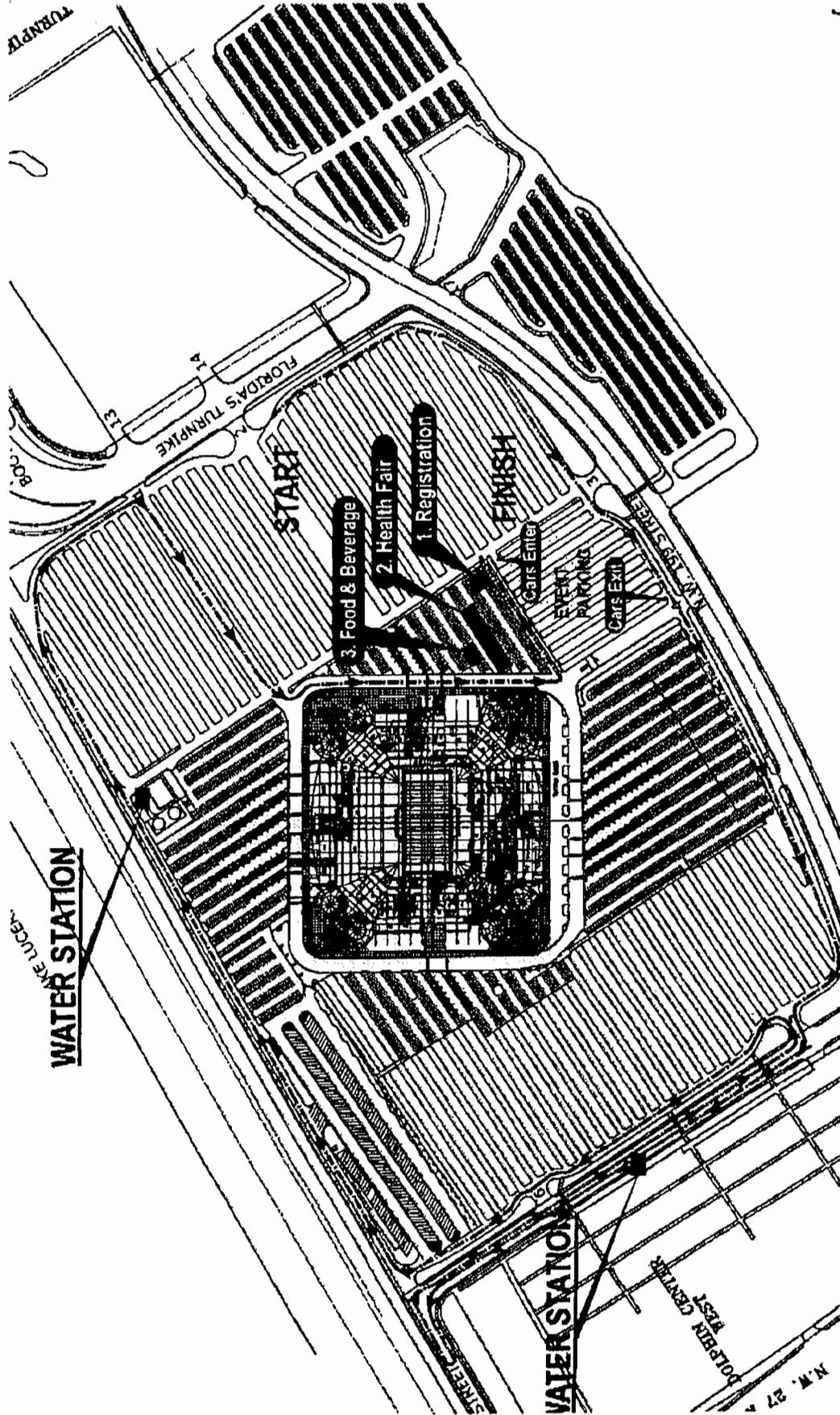
*Attachment B*







2



Attachment F

**Budget**

**29th Annual 5K Walk/Run for Sickle Cell Disease  
Saturday, April 12, 2008  
Dolphin Stadium  
2269 NW 199<sup>th</sup> Street  
Miami Gardens, FL**

|                                 |                      |
|---------------------------------|----------------------|
| <b>Tee shirts:</b>              | <b>\$2,000.00</b>    |
| <b>Awards:</b>                  | <b>465.00</b>        |
| <b>DJ:</b>                      | <b>300.00</b>        |
| <b>Race Scoring/Management:</b> | <b>3,000.00</b>      |
| <b><u>Postage:</u></b>          | <b><u>750.00</u></b> |
| <b>Total:</b>                   | <b>\$6,515.00</b>    |

00025



### Consumer's Certificate of Exemption

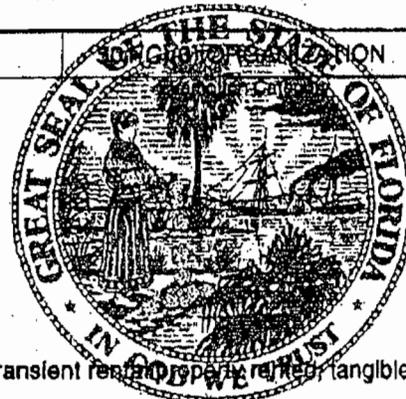
DR-14  
R. 01/02  
04/23/05

Issued Pursuant to Chapter 212, Florida Statutes

|                    |                |                 |     |
|--------------------|----------------|-----------------|-----|
| 85-8012582644C-1   | 03/20/2005     | 03/31/2010      | NON |
| Certificate Number | Effective Date | Expiration Date |     |

This certifies that

SICKLE CELL DISEASE ASSOCIATION OF  
AMERICA MIAMI DADE COUNTY CHAPTER INC  
794 NW 18TH ST  
MIAMI FL 33138-1197



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

12



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## Detail by Entity Name

### Florida Non Profit Corporation

SICKLE CELL DISEASE ASSOCIATION OF AMERICA - MIAMI-DADE COUNTY CHAPTER, INC.

### Filing Information

Document Number 743434  
FEI Number 592685954  
Date Filed 06/29/1978  
State FL  
Status ACTIVE  
Last Event NAME CHANGE AMENDMENT  
Event Date Filed 08/20/2001  
Event Effective Date NONE

### Principal Address

794 N.W. 18 STREET  
MIAMI FL 33136

### Mailing Address

794 N.W. 18 STREET  
MIAMI FL 33136

### Registered Agent Name & Address

MACK, ASTRID K.  
794 NW 18TH STREET  
MIAMI FL 33136 US

Name Changed: 04/10/1985

Address Changed: 04/10/1985

### Officer/Director Detail

#### Name & Address

Title P

ARENAS, J.A. CHICO  
9630 JOHNSON STREET  
HOLLYWOOD FL 33025

Title TD

FFRENCH, HOWARD  
2240 NW 196 TERRACE

13

MIAMI FL 33056

Title D

MACK, ASTRID K  
5020 NW FIRST AVENUE  
MIAMI FL 33127

## Annual Reports

### Report Year Filed Date

2005 05/12/2005

2006 04/26/2006

2007 04/30/2007

## Document Images

|                             |  |
|-----------------------------|--|
| 04/30/2007 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 04/26/2006 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 05/12/2005 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 05/03/2004 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 02/13/2003 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 02/07/2002 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 08/20/2001 -- Name Change   | <a href="#">View image in PDF format</a> |
| 03/19/2001 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 03/22/2000 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 07/09/1999 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 01/22/1998 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 03/14/1997 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 03/14/1996 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |
| 02/27/1995 -- ANNUAL REPORT | <a href="#">View image in PDF format</a> |

**Note:** This is not official record. See documents if question or conflict.

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# Memorandum



**Date:** September 2, 2008

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

**From:** George M. Burgess  
County Manager 

**Subject:** District Specific In-Kind Reserve Request Recommendation

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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 is being requested by a not-for-profit organization the Sickle Cell Disease Association of America, Miami-Dade County Chapter, Inc. for the 29<sup>th</sup> Annual 5k Walk/Run For Sickle Cell Disease event held on April 12, 2008.

In-kind services have been requested in an amount not to exceed \$1,050 from the Miami-Dade Police Department for security services. This event will be funded from the District 1 in-kind reserve fund.

In FY 2007-08, the Sickle Cell Disease Association of America has received no County funding for this event.

Inkind8708