

# MEMORANDUM

Agenda Item No. 11(A)(39)

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**TO:** Honorable Chairman Dennis C. Moss  
and Members, Board of County Commissioners

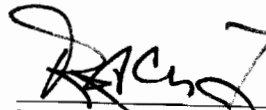
**DATE:** March 3, 2009

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

**SUBJECT:** Resolution authorizing in-kind  
services for the November 16,  
2008 "Miracle Walk/Run"  
event  
**Resolution No. R-260-09**

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The accompanying resolution was prepared and placed on the agenda at the request of Co-Prime Sponsors Chairman Dennis C. Moss and Vice-Chairman Jose "Pepe" Diaz.

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

RAC/up

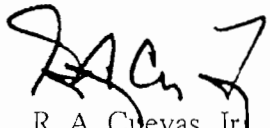


# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Dennis C. Moss  
and Members, Board of County Commissioners

**DATE:** March 3, 2009

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

**SUBJECT:** Agenda Item No. 11(A)(39)

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 Mayor'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

2

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 11(A)(39)  
3-3-09

RESOLUTION NO. R-260-09

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE NOVEMBER 16, 2008 "5K MIRACLE WALK/RUN" EVENT SPONSORED BY THE TRANSPLANT FOUNDATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,045.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

**WHEREAS**, the Transplant Foundation, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the November 16, 2008 "5K Miracle Walk/Run" event in an amount not to exceed \$1,045.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the purpose of the "5K Miracle Walk/Run" event is to promote and educate the public regarding the importance of organ donations; and

**WHEREAS**, the Transplant Foundation, Inc. is a not-for-profit organization; and

**WHEREAS**, the "5K Miracle Walk/Run" is a special event, as defined in the attached Fee Waiver/In-kind Service Application and \$1,045.00 of 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 for the November 16, 2008 "5K Miracle Walk/Run" event in an amount not to exceed \$1,045.00 to be funded from the Countywide In-kind Reserve Fund.

The Co-Prime Sponsors of the foregoing resolution are Chairman Dennis C. Moss and Vice-Chairman Jose "Pepe" Diaz. It was offered by Commissioner **Jose "Pepe" Diaz**, who moved its adoption. The motion was seconded by Commissioner **Rebeca Sosa** and upon being put to a vote, the vote was as follows:

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

The Chairperson thereupon declared the resolution duly passed and adopted this 3<sup>rd</sup> day of March, 2009. 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.

GKS

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:

Office of Commissioner Dennis C. Moss  
Board of County Commissioners  
District 9  
111 N.W. 1<sup>st</sup> Street, Suite 320  
Miami, Florida 33128

Wayman G. Bannerman  
Chief of Staff  
Phone: (305) 375-4832  
Fax: (305) 372-6011

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.)

**\*For District 9 Office Staff Use Only, however please note that an event budget must be included for "Special and "Major" Event types\*\***

Commissioner Sponsoring Event: Cosponsored by Commissioner Moss & Commissioner Diaz

1. Full legal name of the requesting organization: Transplant 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.): Melissa Chediek-Lutzel  
701 SW 27 Ave Ste 305 Miami 33135; 305-817-5445; @305-911-6600  
mchediak@med.miami.edu

4. Specify fee waiver or in-kind service requested (quantity, if applicable): In-kind service  
Showmobile

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Miracle walk/Run  
11/16 8-12:00pm, St Organ donor awareness walk/run event

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

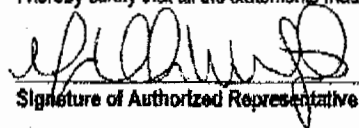
7. Physical address of event venues (please specify Commission District(s)): 13400 SW 15<sup>th</sup> St  
Miami 33177

9/12  
Diaz  
Moss


MIAMI-DADE COUNTY  
FEE WAIVER/IN-KIND SERVICES APPLICATION  
PAGE 2

- 8. Description of regional or local impact: Out of 2,045 individuals awaiting transplants in Florida, approximately 1/3 are listed in South Florida. A lack of available organs is a huge issue that can be avoided if more people were educated on the importance of organ donation. That's the purpose of the Miracle Walk Run - to serve as a tool to bring organ donation to the spotlight in our community.
- 9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): On separate sheet.
- 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): To be provided next week.
- 11. Expected number of participants and estimated attendance (per day, if applicable): 400-500
- 12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): On separate sheet.

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

  
Signature of Authorized Representative

10/23/08  
Date

Event Schedule							
2008							
<b>Time</b>							
							
5:30	MC Reports						
6:00	Volunteers Report						
6:00-7:30	Greetings and Setup						
7:30-9:05	Registration Tables—Volunteers in Place						
8:00-12:00	Music provided by <i>Scott Sorrells</i>						
8:00-8:45	Breakfast is served by <i>Whole Foods/Lavazza</i>						
8:40	Rest stop volunteers head to their stations						
8:45	Cynthia Demos greets/speaks						
8:50	Photo op with recipients						
8:55	Commissioners Moss and Diaz speak						
9:00	The Run begins						
9:02	The walk begins w/Cynthia leading						
9:05	Organ Donor Awareness Fair Setup						
9:30	Carvel starts serving ice cream						
10:00	Organ Donor Awareness Fair begins						
10:00	Raffle prizes start being announced						
10:00-11:30	Clown does face painting for the kids!						
10:45	Lunch is served						
11:00	Panther Ice Dancers arrive/photo ops/dance						
11:30	Brock Storm performs						
11:45	Miracle Walker announced						
11:55	Cynthia thanks guests for participation						
12:00-12:30	Clean up						
12:45	We're done!!!						

2:00 PM  
05/22/07  
Actual Basis

Transplant Foundation, Inc.  
2008 - 2009 Proposed Budget

	08-07 Budget	08-07 Actual	07-08 Budget	07-08 Actual	08-08 Budget
<b>Ordinary Income/Expense</b>					
Income					
Specialty License Plate Donation	225,000.00	49,200.00	65,000.00	249,494.92	175,000.00
Leading Ladies	150,000.00	55,529.00	75,000.00	90,000.00	95,000.00
Transplant House	6,000.00	7,050.00	10,000.00	29,036.49	35,000.00
Miscellaneous Income (Miscellaneous Income)	0.00	26.13			
Tribute	23,000.00	12,334.44	22,000.00	20,006.47	23,000.00
United Way	4,000.00	2,954.12	4,000.00	4,580.78	5,000.00
Restricted		7,360.48		522.12	
Other					
Other - Other	35,000.00	32,551.68	35,000.00	42,145.21	45,000.00
Total Other	35,000.00	32,551.68	35,000.00	42,145.21	45,000.00
Grants					
Total Donation	15,000.00	0.00	15,000.00		203,000.00
Membership					
Annual	35,000.00	35,774.43	45,000.00	35,467.96	40,000.00
Total Membership	35,000.00	35,774.43	45,000.00	35,467.96	40,000.00
Patient Services					
Adelina Gomez Pediatric Fund	25,000.00	25,000.00	35,000.00	12,859.50	25,000.00
Kato Calendar	12,000.00	2,675.00	5,000.00	12,798.00	15,000.00
Holiday Party	12,000.00	6,219.59	10,000.00	5,214.57	10,000.00
Transplant House Broward	10,000.00	42,000.00	30,000.00	62,500.00	150,000.00
Patient Services - Other	4,500.00	48,188.61	10,000.00	35,700.00	40,000.00
Total Patient Services	63,500.00	124,086.20	90,000.00	129,072.07	240,000.00
Education					
Grants	15,000.00	0.00	10,000.00	5,000.00	10,000.00
Grants - Other	15,000.00	0.00	10,000.00	4,000.00	10,000.00
Total Grants	15,000.00	0.00	10,000.00	4,000.00	10,000.00
Forum	5,000.00	5,109.14	5,500.00	4,890.00	7,000.00
Other	15,000.00	572.00	8,500.00	7,500.00	8,500.00
Total Education	35,000.00	5,681.14	24,000.00	17,390.00	25,500.00

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2:48 PM  
06/22/07  
Accrual Basis

Transplant Foundation, Inc.  
2008 - 2009 Proposed Budget

	08-07 Budget	06-07 Actual	07-08 Budget	07-08 Actual	08-08 Budget
Research					
Research - Other	5,000.00	7,369.19	15,000.00	12,817.25	25,000.00
Total Research	5,000.00	7,369.19	15,000.00	12,817.25	25,000.00
Other					
Refund					
Total Other	0.00				
Interest					
Interest - Other	15,000.00	14,562.86	15,000.00	12,128.95	14,400.00
Total Interest	15,000.00	14,562.86	15,000.00	12,128.95	14,400.00
Sales					
Sales - Other	15,000.00	6,363.47	10,000.00	3,188.83	10,000.00
Total Sales	15,000.00	6,363.47	10,000.00	3,188.83	10,000.00
Fundraising Income					
Golf-Broward	33,000.00	53,853.80	80,000.00	30,900.00	80,000.00
Taste of Love	225,000.00	163,913.37	175,000.00	146,783.93	175,000.00
Miracle Walk - Pembroke Pines	65,000.00	13,602.15	0.00	25.00	0.00
Miracle Walk - Miami	20,000.00	16,353.23	30,000.00	59,709.53	70,000.00
Miracle Walk - Deerfield Beach			30,000.00	22,609.38	30,000.00
Miracle Gains		1,733.86	3,000.00	4,199.00	5,000.00
Golf Tournament (Miami-Dade)	25,000.00	40,178.10	25,000.00	6,800.00	45,000.00
Total Fundraising Income	388,000.00	289,634.31	343,000.00	272,936.94	405,000.00
Total Income	994,500.00	651,534.45	758,000.00	918,788.87	1,137,900.00
Expense					
Sales	7,000.00	15,305.36	5,000.00	2,257.74	2,500.00
Leasing Lades	6,700.00	3,508.45	6,000.00	2,254.00	3,000.00
Specialty License Plate	70,000.00	56,477.46	50,000.00	55,161.49	2,000.00
Payroll			15,080.00		38,060.00
Payroll Taxes			1,153.62		2,988.09
Operating Expenses	24,000.00	26,920.77	42,500.00	36,102.20	41,264.40
Rent (Randy)	5,000.00	2,310.58	0.00	2,500.00	3,000.00
UMVehicles & Equipment					

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3:48 PM  
06/23/07  
Actual Basis

Transplant Foundation, Inc.  
2008 - 2009 Proposed Budget

	06-07 Budget	06-07 Actual	07-08 Budget	07-08 Actual	08-09 Budget
Public Relations	2,000.00	10.00	1,000.00	2,500.00	4,000.00
Parking	0.00	608.00	500.00	1,346.90	1,435.20
Website	3,000.00	4,443.90	2,000.00	813.80	1,000.00
Accountant	7,000.00	5,980.00	7,000.00	4,000.00	9,000.00
Postage and Delivery	3,000.00	1,046.03	2,000.00	2,202.76	2,500.00
Bulk Mail Permit	2,000.00	4,152.85	3,000.00	6,714.76	7,000.00
Postage and Delivery - Other	5,000.00	5,198.89	6,000.00	8,817.52	9,500.00
Total Postage and Delivery					
Books	323.00	600.68	538.15	748.23	800.00
Computer	2,000.00	664.56	1,500.00	239.61	1,500.00
Software (Software)	2,000.00	664.56	1,500.00	239.61	1,500.00
Total Computer					
Insurance					
General Liability Insurance (Disability Insurance)	600.00	635.24	650.00	652.36	700.00
Directors/Officers Liability (Liability Insurance)	2,500.00	1,762.45	2,000.00	1,755.00	1,800.00
Insurance Other	700.00	3,759.22	1,100.00	985.50	1,000.00
Workman's Comp	3,800.00	1,053.00	3,750.00	3,392.86	3,500.00
Total Insurance					
Legal Fees	360.00	1,762.41	3,000.00	5,593.83	2,000.00
Meetings/Retreat	2,000.00	1,092.71	1,000.00	1,148.04	1,500.00
Dues and Subscriptions	4,000.00	5,193.57	4,000.00	8,021.81	8,000.00
Office Supplies	500.00	445.05	2,000.00	375.02	500.00
Equipment	1,000.00	416.65	500.00	873.18	
Miscellaneous					
Payroll					
Salaries	51,841.00	39,142.00	56,975.00	64,968.24	56,310.00
Payroll Taxes	0.00	10,453.74	4,358.59	12,518.05	4,307.72
Total Payroll Taxes					
Benefits	10,500.00	6,779.77	12,000.00	4,454.58	4,454.58
Total Payroll	62,341.00	56,375.51	73,333.59	81,940.87	65,072.30
Printing	5,000.00	4,034.50	5,000.00	4,886.00	6,000.00
Storage	1,200.00	1,754.82	1,500.00	1,619.20	1,700.00
Moving Office				492.80	
Bank Charge					

Transplant Foundation, Inc.  
2008 - 2009 Proposed Budget

	06-07 Budget	06-07 Actual	07-08 Budget	07-08 Actual	08-09 Budget
Credit Card	2,800.00	2,254.60	2,800.00	2,474.41	2,800.00
Supplies	500.00	6.12	500.00	100.00	100.00
Trust	0.00	12.00	0.00	13.00	100.00
Bank Charge - Other	50.00	129.68	50.00	18.00	100.00
Total Bank Charge	3,350.00	2,402.40	3,350.00	2,505.41	3,100.00
Awards (other misc)	100.00	593.91	500.00	136.76	200.00
Event (event)				80.00	
Membership	5,000.00	998.00	2,000.00	2,470.76	2,500.00
Telephone	6,000.00	6,419.37	6,000.00	6,729.10	7,000.00
Travel and Entertainment		730.69	2,000.00	314.30	750.00
Mileage Parking Tolls	2,000.00	746.00	1,000.00	1,850.03	2,500.00
Total Travel and Entertainment	2,000.00	1,476.59	3,000.00	2,164.33	3,250.00
Volunteers (Volunteers)	2,100.00	104.87	1,000.00	438.62	450.00
Total Operating Expenses	150,084.00	137,007.85	170,321.74	150,643.85	178,271.90

	06-07 Budget	06-07 Actual	07-08 Budget	07-08 Actual	08-09 Budget
Education Expenses					
Camera	5,500.00	2,560.34	5,000.00	7,484.29	9,500.00
Forums	6,700.00	7,480.15	7,500.00	8,022.63	10,000.00
Liter101	24,000.00	1,434.35	10,132.90	1,800.40	10,000.00
Meetings	1,000.00	335.15	1,000.00	446.56	10,500.00
Grants	3,000.00		0.00	2,000.00	12,000.00
Mentor Program (Mentor Program)	12,386.34	644.35	5,000.00	59.00	8,000.00
Membership1	1,400.00		1,400.00		
Subscriptions1	500.00	372.90	500.00		
Donor Program (Pin)			0.00		
Continued Education			2,000.00	1,840.95	3,000.00
Event	5,000.00	1,104.44	2,500.00	125.00	1,000.00
Materials	15,000.00	4,066.99	7,500.00	7,111.04	15,000.00
Specialty License Plate Awareness					150,000.00
"Donate Organs, Pass It On" Grant					15,000.00
Misc. (Misc.)	3,000.00	191.60	14,625.00	0	150.00
Payroll - Education	24,030.00	27,104.25	49,430.90	28,358.00	50,600.00
Payroll Taxes	1,838.30		3,781.46	3,781.46	3,870.90
Seminar (Seminar)					
Total Education Expenses	103,354.84	45,404.54	113,370.18	81,111.83	298,820.90

Transplant Foundation, Inc.  
2008 - 2009 Proposed Budget

	06-07 Budget	06-07 Actual	07-08 Budget	07-08 Actual	08-09 Budget
<b>Patient Services Expenses</b>					
Other	25,000.00	9,938.83	25,000.00	26,945.05	30,000.00
Adelina Gomez Pediatric Fund	60,000.00	5,000.00	60,000.00	6,614.17	25,000.00
TX House		58,996.58		70,386.40	75,000.00
Housing					
Housing - Other	15,000.00	14,569.00	15,000.00	11,750.00	15,000.00
Kato Calendar	7,000.00	3,595.00	5,000.00	2,105.40	5,000.00
Medical/Mediation	60,000.00	12,398.55	15,000.00	15,198.40	15,000.00
Transportation/Travel	27,000.00	39,697.93	15,000.00	3,492.21	15,000.00
Emergency Support	75,000.00	4,517.86	15,000.00	6,290.80	15,000.00
Holiday Assistance (June, Dec)	35,000.00	5,140.33	5,000.00	11,500.00	15,000.00
Holiday Party	9,000.00	7,806.55	9,000.00	12,986.38	14,000.00
Support Groups/Pt. Lounge	2,500.00	692.32	2,500.00	2,099.67	5,000.00
Transplant House Broward					95,000.00
Telephone				100.00	789.84
RAAM				1,993.96	0.00
Kruger Award	1,000.00	1,000.00	1,000.00	1,000.00	1,000.00
Bob Calola Scholarship	15,000.00		5,000.00	0	5,000.00
"Donate Organs, Pass it On" Grant			14,625.00	0	15,000.00
Payroll - Patient Services	24,300.00	23,287.50	26,640.00	22,275.00	23,500.00
Payroll Taxes	1,858.95		2,097.98		1,797.75
Total Patient Services Expenses	357,658.95	185,400.45	216,802.98	194,407.04	371,087.39
<b>Research Expenses</b>					
Heart & Lung	50,000.00		10,000.00	63,850.00	22,000.00
Liver/GI (Liver-GI program)	50,000.00	29,023.60	10,000.00	5,054.17	22,000.00
Tolerance Study	50,000.00		10,000.00	20,000.00	22,000.00
"Donate Organs, Pass it On" Grant			28,250.00	0.00	15,000.00
Research Expenses - Other	35,000.00	2,599.71	3,000.00		3,000.00
Total Research Expenses	185,000.00	31,593.31	62,250.00	88,904.17	84,000.00

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



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## Detail by Entity Name

### Florida Non Profit Corporation

TRANSPLANT FOUNDATION, INC.

#### Filing Information

Document Number   N19208  
FEI Number   592767754  
Date Filed   02/12/1987  
State   FL  
Status   ACTIVE  
Last Event   CANCEL ADM DISS/REV  
Event Date Filed   03/14/2008  
Event Effective Date   NONE

#### Principal Address

701 SW 27TH AVE.  
STE. 705  
MIAMI FL 33135

Changed 03/14/2008

#### Mailing Address

701 SW 27TH AVE.  
STE. 705  
MIAMI FL 33135

Changed 03/14/2008

#### Registered Agent Name & Address

COMPTON, ELI  
TRANSPLANT FOUNDATION  
701 SW 27TH AVE, STE 705  
MIAMI FL 33135 US

Name Changed: 03/14/2008

Address Changed: 03/14/2008

#### Officer/Director Detail

##### Name & Address

Title PD

HELMS, SCOTT MR.  
515 EAST LAS OLAS BLVD. SUITE 960  
FT. LAUDERDALE FL 33301

Title SEC

14

KLEIN, PAUL  
1525 BREAKWATER TERRACE  
HOLLYWOOD FL 33019

Title VPD

GOMEZ, IVAN A MR  
601 BRICKELL KAY DRIVE, SUITE 507  
MIAMI FL 33131

Title TD

LOWENSTEIN, ELLIOT  
2100 SALZEDO ST. STE. 303  
COROL GABLES FL 33134

Title PE

GOLDSTEIN, JEFF MR  
3564 WEST FAIRVIEW STREET  
COCONUT GROVE FL 33131

Title IPP

KOLSKY, ALLAN  
11098 BISCAYNE BLVD., SUITE 103  
MIAMI FL 33161

**Annual Reports**

**Report Year Filed Date**

2007	03/14/2008
2008	03/14/2008
2008	09/02/2008

**Document Images**

- 09/02/2008 -- ANNUAL REPORT
- 03/14/2008 -- REINSTATEMENT
- 01/06/2006 -- ANNUAL REPORT
- 01/18/2005 -- ANNUAL REPORT
- 01/14/2004 -- ANNUAL REPORT
- 01/21/2003 -- ANNUAL REPORT
- 02/17/2002 -- ANNUAL REPORT
- 01/31/2001 -- Name Change
- 01/08/2001 -- ANNUAL REPORT
- 01/18/2000 -- ANNUAL REPORT
- 02/23/1999 -- ANNUAL REPORT
- 01/27/1998 -- ANNUAL REPORT
- 01/21/1997 -- ANNUAL REPORT
- 07/16/1996 -- ANNUAL REPORT
- 02/06/1995 -- ANNUAL REPORT

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

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**Vazquez, Maricely (DIST9)**

**From:** Vazquez, Maricely (DIST9)  
**Sent:** Tuesday, October 28, 2008 10:26 AM  
**To:** Byrnes, Timothy (MDPR)  
**Cc:** Gonzalez, Ana (MDPR); Morgan, Tom (MDPR)  
**Subject:** RE:

Hello Tim!!!!

Everything is well, thank you! I hope all is well with you too!!! Yes, we will co-sponsor this with Commissioner Diaz (district 12) through County Wide In-Kind Funds.... I see that they equipment forms indicates a mobile stage.... The description below, is it for a stage? If so, can I have the break down for a showmobile?

Thanks Tim... sorry for the inconvenience...



Maricely Vazquez | Commission Aide  
 Office of the Honorable Commissioner Dennis C. Moss | District 9  
 111 N.W. 1 Street, Suite 320 | Miami, Florida 33128  
 ☎ **Ph:** (305) 375-4832 | 📠 **Fax:** (305) 372. 6011  
 ✉ **E-Mail:** marivaz@miamidade.gov

\* A truly good friend will openly correct you. You can trust a friend who corrects you, but kisses from an enemy are nothing but lies \*  
 "To believe in the things you can see and touch is no belief at all. But to believe in the unseen is both a triumph and a blessing"  
 "Failure isn't the man who falls, its the man who fails to get back up"  
 Miami-Dade County is a public entity subject to Chapter 119 of Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure. All E-mails sent and received are captured by our servers and kept as public record.

**From:** Byrnes, Timothy (MDPR)  
**Sent:** Monday, October 27, 2008 5:39 PM  
**To:** Vazquez, Maricely (DIST9)  
**Cc:** Gonzalez, Ana (MDPR); Morgan, Tom (MDPR)  
**Subject:**

Maricely, hope all is well, we just received the attached fax for the 16' X 16' stage for the Miracle Walk/Run on November 16, 2008 from Melisa Chediak-Wetzel. Is this something that the Commissioner is going to sponsor as an In-Kind Event through the Budget Office? For your information, the cost breakdown is as follows:

ITEM	COST	COMMENTS
STAGE 16' X 16'		
<input type="checkbox"/> DELIVERY, SET UP, AND TEARDOWN	\$ 350.00	
<input type="checkbox"/> FIRST HOUR OF RENTAL	\$ 275.00	
<input type="checkbox"/> ADDITIONAL 6 HOURS OF RENTAL	\$ 420.00	
<input type="checkbox"/> TOTAL COST	\$1,045.00	

I have placed a hold on the stage for the aforementioned date until I heard back from you.  
 Tim

**Tim Byrnes, Tropical Park/Trail Glades Range/Showmobile Service Area Manager**  
**Miami-Dade County Park and Recreation Department**  
 Tropical Park 7900 SW 40th Street, Miami, FL 33155  
 305-226-8315 Phone, 305-553-8511 Fax  
[www.miamidade.gov/parks](http://www.miamidade.gov/parks)  
 "Delivering Excellence Every Day"

16





**JOIN US AND CELEBRATE THE MIRACLES THAT HAPPEN EVERYDAY!**

- Warm-up exercises by Aimee Pilates
- Health fair with massage station thanks to Keiser University
- A medical support station
- Music & entertainment to celebrate completion of the walk/run courtesy of DJ Scott Sorrells and Brock Storm
- Help us GO GREEN by bringing in old cell phones, inkjet printer cartridges, laptop/notebook computers, iPods, digital cameras & digital video cameras for recycling
- Remember your loved one by displaying your support and purchase a race walk bib personalized with name and picture. Backstories will donate part of the proceeds. Visit: [www.racestoremember.com/miraclewalkrun.php](http://www.racestoremember.com/miraclewalkrun.php)

**OUR PROUD SPONSORS:**

Many thanks to all of the participating sponsors! Without your support, Miracle Walk / Run would not be possible.



**2008 Miracle Walk / Run HONORARY CHAIR**



Cynthia Deino  
Morning & Noon Co-Chair on WFDR CBS4

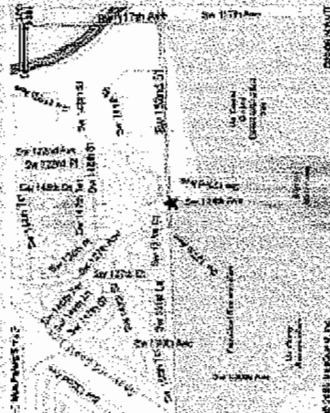
**MIAMI METRO ZOO**  
1 Zoo Boulevard  
12400 SW 152nd Street  
Miami, FL 33177

Registration: 8:00 a.m.  
5K Timed Run: 9:00 a.m.  
Family Walk: 9:05 a.m.

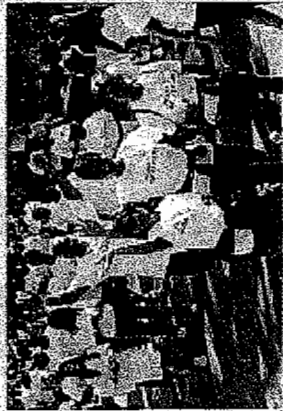
**DIRECTIONS:**

**From Broward and Palm Beach:**  
Take the Florida Turnpike (821) South to Exit #16. Make a right off the exit and then make another right at 152 Street. Make a left and enter the Zoo at SW 124 Avenue.

**From I-95 Heading South:**  
South to end of I-95. It feeds into U.S. 1 on the right. Continue south on U.S. 1 to 152 Street (Coral Reef Drive) and turn right. Proceed west for 3 miles and enter the Zoo on the left at SW 124 Avenue.



Miracles Happen...  
**Step by Step**



ORGAN DONOR AWARENESS  
**5K WALK / RUN**

SUNDAY, November 16, 2008  
8:00 - 12:00 pm



To register online  
[www.miraclewalkrun.kintepa.org](http://www.miraclewalkrun.kintepa.org)

Transplant *foundation, inc.*  
701 SW 27th Ave.  
Suite 705  
Miami, FL 33135  
[www.transplantfoundation.org](http://www.transplantfoundation.org)

NON-PROFIT ORG  
U.S. POSTAGE  
PAID  
MIAMI FL  
PERMIT NO. 1027

## Jump up and sign up today to walk with us!

Mail your completed registration form today. Then set a goal and aim high!

In addition to pledges each participant is being asked to donate the following registration fee:

- Individual \$95 pre-registration \$60 onsite registration
- Children under 13 \$20 pre-registration \$30 onsite registration

Participants will receive a FREE t-shirt, plus your registration includes breakfast, ice cream, lunch and the entrance fee to the zoo, so stay and enjoy the day.

### Miracle Team

Get a group of four (4) or more family/co-workers together, register as a Miracle Team and receive great benefits! Each team will be photographed during breakfast. In addition to great prizes you earn individually, the team that raises the most funds collectively will win a breakfast party!

### Prize Levels

Get ready, set... raise money and win prizes!

- \$100 Pedometer
- \$250 Durable, zippered canvas walk tote
- \$500 Beach Mat
- \$1,000 Embroidered Golf Polo Shirt
- \$2,500 Dinner for two (2)

Plus, the person that raises the most over \$3,000 will be named the 2008 Miracle Walker and receive a "Jet to Vegas Package" including 2 airline tickets, courtesy of Jet Blue Airlines and a weekend hotel stay on the Vegas strip.

Enjoy the fun that only Vegas can provide, but only if you raise enough funds to be this year's Miracle Walker!

## STATISTICS ABOUT TRANSPLANTATION

There are over 95,000 people waiting to receive a transplant.

An average of 18 people die each day from the lack of available organs for transplant.

One donor can save or enhance the lives of up to 50 people.



Leti won't Missis Walker, also Perez, with granddaughters, Gabriela Mendibala

Miracle Walk/Run Committee members include Chairperson, Jen Goldstein, Anna Aballo, Phinest Councilmember, Jill Currier, Mitch Feldman, Kristin Fletcher, Susan Frazer, Dan Goldstein, Cindy Gordine, Elizabeth Kourtesis, Lisette Lataes, Kelsey Logan, Marileen Lyons, Estie Palmer-Yara, JoAnn and Priscilla Sural, Lt. Matt and Betty Yea.

### ABOUT FOUNDATIONS, INC.

Transplant Foundation is a 501 (c)(3) organization dedicated to the provision of services for transplant recipients to increasing organ donation through community education and to funding transplant research. Transplant Foundation, Inc. is registered with the Department of Agriculture and Consumer Services # CH-23294. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-352-7852 with in the state. Registration does not imply endorsement, approval or recommendation by the state.

For more information on Transplant Foundation, please contact us at 305.817.5645 or [www.transplantfoundation.org](http://www.transplantfoundation.org).

## OFFICIAL MIRACLE WALK / RUN CONTRIBUTION FORM

Help us to reach our goal of \$300,000 per person. Please make checks payable to: Transplant Foundation, Inc.

Name: \_\_\_\_\_  
 Team Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 My Fundraising Goal is \$ \_\_\_\_\_

Sponsor's Name	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
Subtotal																				
Matching Gift																				
Total Enclosed																				
Office Use																				

## OFFICIAL MIRACLE WALK / RUN REGISTRATION FORM

Register Online at [www.miraclewalkrun.com](http://www.miraclewalkrun.com) and you can set up your own webpage. You can also complete this form and mail with your initial donation or fax it to our office. (PLEASE PRINT)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex:  M  F  
 Employer: \_\_\_\_\_

My company has a matching gifts program.  
 T-shirt size:  S  M  L  XL  XXL  
 I would like help with my fundraising efforts.  
 Please send me additional brochures \_\_\_\_\_ qty.

Payment Information:  
 Paid by  Check  Credit Card  Cash  
 MC  VISA  AMEX  
 Credit Card No: \_\_\_\_\_  
 Exp. Date: \_\_\_\_\_

Total Amount: \_\_\_\_\_  
 Team Information:  
 Team Name: \_\_\_\_\_  
 Team Captain: \_\_\_\_\_  
 Captain's Phone: \_\_\_\_\_  
 Team Type:  Friends/Family  Corporate  
 School  Club/Org Representing \_\_\_\_\_

Volunteer Opportunities  
 I am unable to walk but would like to volunteer  
 I am unable to walk but enoiced is my donation of: \$200  \$100  \$50  Other \_\_\_\_\_  
 I am at \_\_\_\_\_

Transplant recipient  Relative of a recipient  
 Organ donor family member  Living donor  
 Other \_\_\_\_\_

Waiver and Release of Liability  
 I hereby waive all claims against Transplant Foundation, sponsors or any personnel for any injury I might suffer in this event. I understand that I am voluntarily participating in this event. I grant full permission for organizers to use photographs of me and quotations from me in legitimate accounts published by this event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Print or download signature if under 18 years of age)


Transplant Foundation, Inc.  
 701 SW 27th Ave, Suite 705  
 Miami, FL 33135  
 Phone: 305.817.5645 Fax: 305.541.6500  
[www.miraclewalkrun.com](http://www.miraclewalkrun.com)

# Memorandum



**Date:** March 3, 2009

**To:** Honorable Chairman Dennis C. Moss  
and Members, Board of County Commissioners

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

**Subject:** Countywide 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 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 Transplant Foundation, Inc. for their "Miracle Walk/Run" event held on November 16, 2008.

In-kind services have been requested in an amount not to exceed \$1,045 from the Miami-Dade Park and Recreation Department for the use of a 16'X16' stage. This event will be funded from the countywide in-kind reserve fund.

In FY 2008-09, the Transplant Foundation, Inc. has received no county funding for this event.

Inkind02509