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

MEMORANDUM

Agenda Item No. 11(A)(31)

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 retroactively authorizing in-kind services for the February 22, 2009 "Walk Now for Autism"

Resolution No. R-252-09

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Carlos A. Gimenez.

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)(31)

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)(31)
3-3-09

RESOLUTION NO. **R-252-09**

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT AND MIAMI-DADE POLICE DEPARTMENT FOR THE FEBRUARY 22, 2009 "WALK NOW FOR AUTISM" SPONSORED BY AUTISM SPEAKS, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $32,972.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

WHEREAS, Autism Speaks, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department and the Miami-Dade Police Department for the February 22, 2009 "Walk Now for Autism" event in an amount not to exceed $32,972.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Walk Now for Autism" is to educate the community about autism, provide families living with autism with a fun-filled day of activities and to raise funds for research and family services; and

WHEREAS, Autism Speaks, Inc. is a not-for-profit organization; and

WHEREAS, the "Walk Now for Autism" event is a major event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $32,972.00 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 and the

Miami-Dade Police Department for the February 22, 2009 "Walk Now for Autism" event in an amount not to exceed $32,972.00 to be funded from the Countywide In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Carlos A. Gimenez. 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 **aye**
Jose "Pepe" Diaz, Vice-Chairman **aye**

Bruno A. Barreiro	**aye**	Audrey M. Edmonson	**aye**
Carlos A. Gimenez	**aye**	Sally A. Heyman	**aye**
Joe A. Martinez	**absent**	Barbara J. Jordan	**aye**
Dorrin D. Rolle	**aye**	Natacha Seijas	**absent**
Katy Sorenson	**aye**	Rebeca Sosa	**aye**
Sen. Javier D. Souto	**absent**		

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd 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

AUTISM SPEAKS
It's time to listen.

December 5, 2008

Commissioner Carlos A. Gimenez
District 7
Stephen P. Clark Center
111 N.W. 1st Street, Suite 220
Miami, Florida 33128

Dear Commissioner Gimenez:

On behalf of Autism Speaks, I would like to thank you and the Miami–Dade County Commission for your continued support for our Walk Program by underwriting the cost of the parking and the Showmobile for our Walk Now for Autism events for the past seven years. With your support the 2008 Miami-Dade County Walk Now for Autism raised close to $600,000 for autism research, awareness and outreach.

We respectfully ask once again for your support to pass a resolution to underwrite the cost of the Showmobile and parking for the 2009 Miami-Dade Walk Now for Autism event scheduled for Sunday, February 22, 2009 at Crandon Park on Key Biscayne.

Autism was once thought to affect only one in 10,000 children. The Center for Disease Control reports one in 150 children are now diagnosed with this devastating disorder that affects families, schools, and the community at large. Every 20 minutes a new child is diagnosed and a new family is faced with the life changing impact that autism will bring to their lives.

Our event provides a wonderful opportunity for families to join in a day where everyone understands their child and situation while enjoying a beautiful walk along the beach, food, fun and entertainment as well as learning about the extensive community resources Miami-Dade County has to offer.

We greatly appreciate all you have done for us in the past and look forward to working with you again this year. I hope that we can count on the support of yourself and the rest of the Miami-Dade County Commissioners so we can provide this event at no cost to the families who participate and look forward to the Miami-Dade Walk Now for Autism each year.

Enclosed you will find our Fee Waiver/In-Kind Services Application, W-9 and our non-profit status letter. If you need any additional information please contact me at (305) 753-1441.

Sincerely,

Lourdes Folgosa
Executive Director
Miami-Dade County Chapter

cc: Jimmy Morales

2122

Parks - 28,590
police - 3317.
Fire - ϕ
31,907

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: AUTISM Speaks, 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.): LULA.Folgosa@AUTISMspeaks.org
LULA FOLGOSA, EXECUTIVE DIRECTOR Miami-Dade County
Chapter AUTISM Speaks, 305 968-1799, 305 7531441, MELLON FINANCIAL CENTER 1111 Brickell Ave, Suite 2801, Miami FL 33131
LULA.FOLGOSA@AUTISM SPEAKS.ORG

4. Specify fee waiver or in-kind service requested (quantify, if applicable): LARGE
✓SHOWMOBILE, WIRELESS MIC, SOUND SYSTEM
✓PARKING Fees for 3000 CARS @ $5 per = $15,000
✓Park fees - AREA fee - $ Maintenance fee $ ✓
POLICE (officers) ~~EMS truck with 2 workers~~

1 of 8

7

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

Autism Speaks, Walk Now for Autism 2009
Sunday February 22, 2009, Crandon Park on Key Biscayne
walk Now for Autism is a family friendly, non competitive walk and resource fair providing information to the Autism community and community at large. It is a family friendly fun filled event with children activities, music, local resources. Event goal is to raise Autism awareness, advocacy, efforts and funds for research and family services.

6. Please select ALL that apply to event:

- ☐ Economic Development: Event supports vitality or growth of the local economy
- ☒ Youth/Education: Event benefits youth of any age and/or offers educational benefits
- ☒ Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
- ☐ Arts and Culture: Event supports music, theatre, literature, art or culture
- ☐ Environmental: Event benefits environmental concerns or promotes conservation
- ☐ Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): District 7
Crandon Park, 4000 Crandon Boulevard, Miami Florida

8. Description of regional or local impact: This event will raise awareness about Autism throughout Dade County and provide resources to families. The event provides an opportunity for families living with autism to enjoy a day of fun and information where they are accepted and not judged.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Set up Saturday ~~Sunday~~ February 21, 2009 after 2PM, Sunday February 22, from 5:30 to 8:30 AM, Registration begins 8:30 AM, Walk and festivities begin 10-1 PM, Clean up completed 4:30 P.M.

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

11. Expected number of participants and estimated attendance (per day, if applicable): 10,000

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 EXHIBIT B

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

A Folgosa
Signature of Authorized Representative

12/3/08
Date

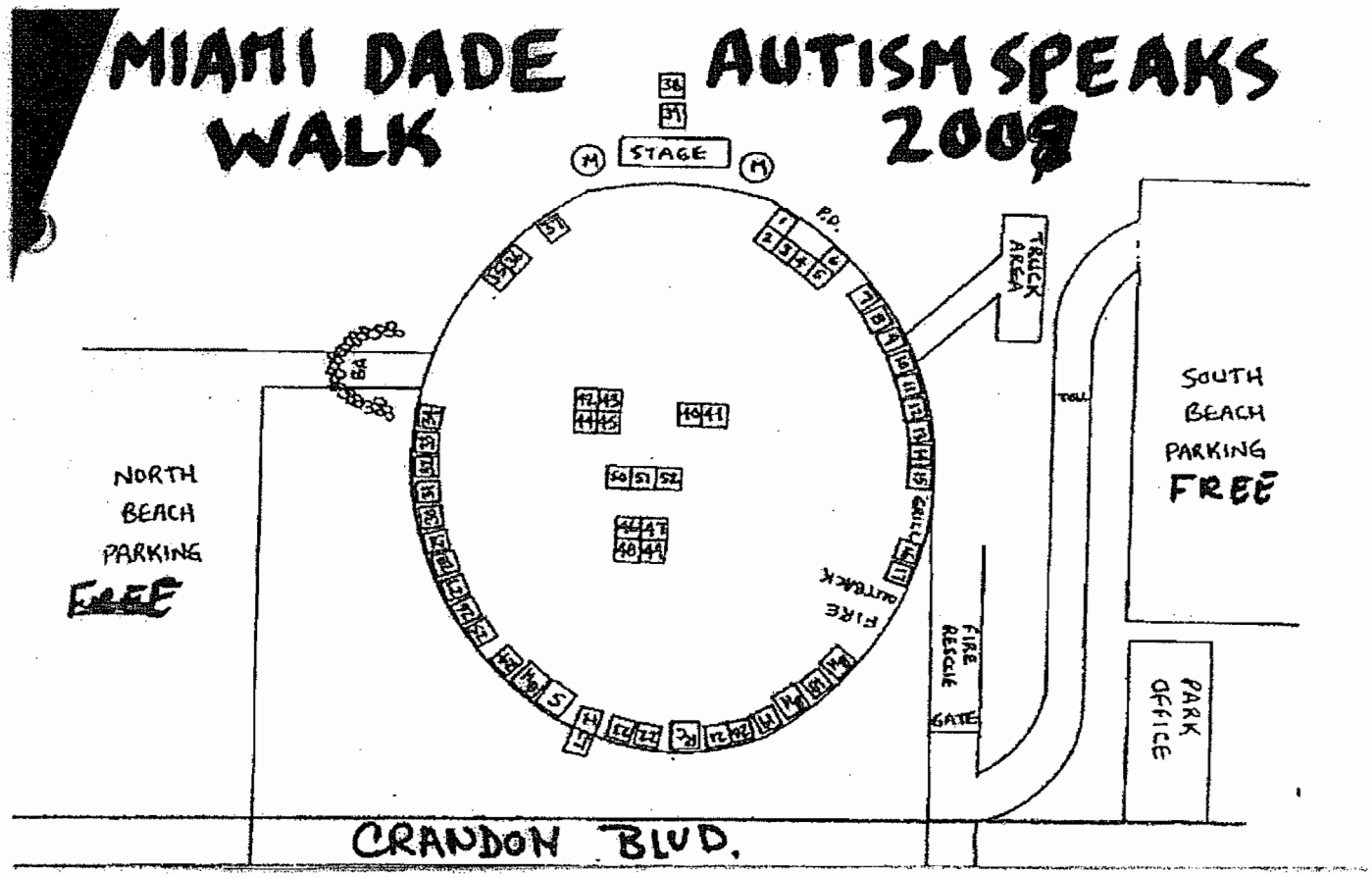

Exhibit A

4 of 8

Exhibit B

SPECIAL EVENT BUDGET

l fully the intended use, type of business and scope of operation:

DETAILED REVENUE

Source	Price	Total Amount of Income
Family + Corp Sponsorships		$100,000
Donations Collected by Walkers		400,000
	Total Revenue:	500,000

DETAILED EXPENDITURES

Item	Total Amount of Expense
Walk Day Rentals	10,000
Kick Off Events	8,000
Printing	8,500
Mailing	3,000
Misc.	5,000
Total Expenses:	34,500
Net Income Expected:	465,500

DETAILED IN KIND SERVICES

Item	Value of Contribution
Food, Entertainment, Children's Activities	12,500
PSA's + advertising	5,000
Radio, Print media	50,000
Total Value:	$67,500

Describe the intended use of net income generated from this special event: Autism Research, advocacy + awareness

5088

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Foreign Non Profit Corporation

AUTISM SPEAKS INC.

Filing Information

Document Number	F06000006102
FEI Number	N/A
Date Filed	09/22/2006
State	DE
Status	ACTIVE

Principal Address

2 PARK AVENUE 11TH FL
NEW YORK NY 10016

Mailing Address

2 PARK AVENUE 11TH FL
NEW YORK NY 10016

Registered Agent Name & Address

NATIONAL CORPORATE RESEARCH, LTD.
515 E PARK AVE
TALLAHASSEE FL 32301 US

Officer/Director Detail

Name & Address

Title C

WRIGHT, ROBERT C
30 ROCKEFELLER PLAZA 52ND FLOOR
NEW YORK NY 10112

Title VC

WRIGHT, SUZANNE
610 FIFTH AVE SUITE 604
NEW YORK NY 10020

Title P

ROITHMAYR, MARK
2 PARK AVENUE 11TH FL
NEW YORK NY 10016

Title ST

6088

GEIER, PHILIP
70 E 55TH STREET 15TH FLOOR

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)
Autism Speaks

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶ Non-profit ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
2151 West Hillsboro Blvd #303

Requester's name and address (optional)

City, state, and ZIP code
Deerfield Beach, FL 33442

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.

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

or

Employer identification number
2 0 4 2 3 2 9 9 3 8

Note. *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:

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 ▶ [signature] Date ▶ 2/23/07

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(a) 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-8 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.

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAR 21 2005

AUTISM SPEAKS INC
C/O PETER F OLBERG
MANATT PHELPS & PHILLIPS LLP
7 TIMES SQUARE
NEW YORK, NY 10036-0000

Employer Identification Number:
20-2329938
DLN:
17053049011005
Contact Person:
JOHN J KOESTER ID# 31364
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
DECEMBER 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
YES
Effective Date of Exemption:
FEBRUARY 11, 2005
Contribution Deductibility:
YES
Advance Ruling Ending Date:
DECEMBER 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support Schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

If you distribute funds to other organizations, your records must show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), you must have evidence the funds will be used for section 501(c)(3) purposes.

Letter 1045 (DO/CG)

7088

AUTISM SPEAKS INC

We have sent a copy of this letter to your representative as indicated in your power of attorney.

Sincerely,

Lois G. Lerner

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

Letter 1045 (DO/CG)

808

Rodriguez, Nadia (OSBM)

From: Byrnes, Timothy (MDPR)

Sent: Tuesday, December 02, 2008 3:10 PM

To: 'Lourdes Folgosa'

Cc: Morgan, Tom (MDPR); Gonzalez, Ana (MDPR); Jayska, Amanda (OSBM); Rodriguez, Nadia (OSBM)

Subject: RE: Autism Speaks Walk on February 22, 2009

Ms. Folgosa,
Sorry, for the delay in responding to you earlier, please find below the cost estimate for the aforementioned event:

ITEM	COST	COMMENTS
SHOWMOBILE LARGE 24 HOURS TOTAL		
DELIVERY, SET UP, TEAR DOWN, & PICK UP	$ 350.00	
FIRST HOUR RENTAL	$1,216.00	
ADDITIONAL HOURLY RENTAL COST	$2,300.00	$100.00 PER HOUR
SUBTOTAL	$3,866.00	
SOUND SYSTEM LARGE 7 HOURS TOTAL		
LOAD IN, STRIKE, LOAD OUT AND FIRST HOUR RENTAL	$ 825.00	
ADDITIONAL HOURLY RENTAL COST	$ 570.00	$95.00 PER HOUR
SUBTOTAL	$1,395.00	
TECHNICAL SERVICES 9 HOURS TOTAL	$ 810.00	$90.00 PER HOUR
TOTAL EVENT COST	$6,071.00	

Trusting if you have any additional questions, you will contact our office. Is Commissioner Gimenez going to sponsor this event like last year, if so with whom in the Commissioners is your group speaking to?

Thanks Tim Byrnes

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
"Delivering Excellence Every Day"

From: Lourdes Folgosa [mailto:lula.folgosa@autismspeaks.org]
Sent: Tuesday, December 02, 2008 2:10 PM
To: Byrnes, Timothy (MDPR)
Cc: Iliana Rivera; fourreyes@msn.com; Jackie Merens; Jack Gmail
Subject: Autism Speaks Walk on February 22, 2009

Hello Kim,

As per our conversation I would like to know the costs involved on the following items that have been reserved for Walk Now for Autism 2009, held in Crandon Park Key Biscayne on February 22.

Set up will be on Saturday February 21 at 2 pm. Event time starts on Sunday February 22 at 6 am registration at 8:30 am and it will end by 1 pm. Pick up after 2 PM.

We need the large Show Mobile, Large sound system,3 mikes.

Rodriguez, Nadia (OSBM)

From: Daker, Richard F. [RDaker@mdpd.com]
Sent: Wednesday, December 24, 2008 1:07 PM
To: Green, Delores (OGC); Jayska, Amanda (OSBM); Rodriguez, Nadia (OSBM)
Subject: In-Kind Events

Good Afternoon Ladies, That's right, I am working on Christmas Eve. I hope you enjoy your Holidays. Here of the costs for events that will soon come your way.

Autism Speaks Walk Now For Autism February 22, 2009 $3,317.16

Wings Over Miami Air Show, February 28-March 1, 2009 $4,130.56

Also, Please let me know when you are contacted District 2 for the Willis McGhee Flag Football on January 24, 2009 so I can get the budget for it.

Thanks,

Dick

Sergeant R. F. Daker
Miami-Dade Police Department
Special Events Unit
1519 NW 79 Avenue
Miami, Fl 33126
Office: 305-468-1210
Fax: 305-470-1735

Miami-Dade County is a public entity subject to Florida Statutes Chapter 119. Public Records. E-mail messages are subject to public records disclosure, and with limited exceptions are not exempt from chapter 119

16

Memorandum

MIAMI-DADE COUNTY

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

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 waiver for in-kind services is being requested by a not-for-profit organization Autism Speaks, Inc. for the annual Walk Now for Autism event scheduled for February 22, 2009.

In-kind services have been requested in an amount not to exceed $29,655 from the Miami-Dade Park and Recreation Department for the use of a large show mobile, a sound technician, large sound system, parking fees and use of the Crandon Park facility, and $3,317 from the Miami-Dade Police Department for police services for a total in-kind amount of $32,972. This event will be funded from the countywide in-kind reserve fund.

In FY 2008-09, Autism Speaks, Inc. has received no county funding for this event.

Inkind04309