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

**MEMORANDUM** Agenda Item No. 11(A)(15)

**TO:** Honorable Chairman Joe A. Martinez and Members, Board of County Commissioners

**DATE:** June 5, 2012

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

**SUBJECT:** Resolution retroactively authorizing in-kind services for the April 14, 2012 "Walk the Talk" event

Resolution No. R-486-12

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsors Chairman Joe A. Martinez.

R. A. Cuevas, Jr.
County Attorney

RAC/cp

RESO\2078

# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Joe A. Martinez and Members, Board of County Commissioners

**DATE:** June 5, 2012

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

**SUBJECT:** Agenda Item No. 11(A)(15)

**Please note any items checked.**

| | |
|---|---|
| _____ | **"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** |
| _____ | **Ordinance creating a new board requires detailed County Manager's report for public hearing** |
| _____ | **No committee review** |
| _____ | **Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous_____) to approve** |
| ✓ | **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required** |

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(15)
6-5-12

RESOLUTION NO. R-486-12

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT AND THE POLICE DEPARTMENT FOR THE APRIL 14, 2012 "WALK THE TALK" EVENT SPONSORED BY EPILEPSY FOUNDATION OF FLORIDA, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $2,780.46 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 11 FY 2008-09 IN-KIND RESERVE FUND

**WHEREAS**, Epilepsy Foundation of Florida, Inc., has requested in-kind services from the Parks, Recreation, and Open Spaces Department and the Police Department for the April 14, 2012 "Walk the Talk" event in an amount not to exceed $2,780.46 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the purpose of the "Walk the Talk" event is to raise funds for the Epilepsy Foundation of Florida as well as community awareness regarding epilepsy; and

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

**WHEREAS**, the "Walk the Talk" event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $2,780.46 of the in-kind services shall be funded from the unspent balance of the District 11 FY 2008-09 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 Parks, Recreation, and Open Spaces Department and the Police Department, for the April 14, 2012 "Walk the Talk" event sponsored by the Epilepsy

Foundation of Florida, Inc., in an amount not to exceed $2,780.46 to be funded from the unspent balance of the District 11 FY 2008-09 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Chairman Joe A. Martinez. It was offered by Commissioner **Sally A. Heyman**, who moved its adoption. The motion was seconded by Commissioner **Rebeca Sosa** and upon being put to a vote, the vote was as follows:

| | | | |
|---|---|---|---|
| Joe A. Martinez, Chairman | | | **absent** |
| Audrey M. Edmonson, Vice Chairwoman | | | **aye** |
| Bruno A. Barreiro | **absent** | Lynda Bell | **aye** |
| Esteban L. Bovo, Jr. | **aye** | Jose "Pepe" Diaz | **absent** |
| Sally A. Heyman | **aye** | Barbara J. Jordan | **absent** |
| Jean Monestime | **aye** | Dennis C. Moss | **aye** |
| Rebeca Sosa | **aye** | Sen. Javier D. Souto | **aye** |
| Xavier L. Suarez | **absent** | | |

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of June, 2012. 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: **Christopher Agrippa**
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**
**FY 2008-09**

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 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.****

Commissioner sponsoring event Chair Joe Martinez

1. Full legal name of the requesting organization: Epilepsy Foundation of Florida

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.):
   ANA JURADO
   305-670-4949 x202
   AJurado @ EFOF.ORG

4. Specify fee waiver or in-kind service requested (quantify, if applicable):
   See Attachment #1

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): "WALK the TALK" Epilepsy Walkathon - April 14, 2012 To raise funds for & awareness about Epilepsy. To continue to serve the people with epilepsy & their families.

See copy of Brochure - ATTACHMENT #2

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 - Key Biscayne
6747 Crandon Boulevard
Key Biscayne, FL 33149

8. Description of regional or local impact: Raise awareness Locally & be able to continue to serve those with epilepsy and their families with the services we provide.
See Attachment #3 FOR List of our Services.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
Setup - 7AM ; WALK Begins at 9:00AM - 12:00 noon
REGISTRATION - 8:00AM
SEE Attachment # 2

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See Map Attachment #4

11. Expected number of participants and estimated attendance (per day, if applicable): 1,000 for Saturday, April 14, 2012.

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 Attachment #5

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

Signature of Authorized Representative

3/16/2012
Date

**ATTACHMENT #1**

Below is the itemized list of our in-kind request. These are some of the requirements Crandon Park has.

- Application Fee - $50.00
- Open Area Fee (for 1000 people) - $663.00
- Showmobile Medium – 27x14 - $2,000.00
- 2 Off Duty Police Officers - $279.00
- 2 Port O Lets - $300.00

Attachment # 2

Many thanks
to our participating sponsors

**PLATINUM SPONSOR**

Lindbeck

PERRY ELLIS INTERNATIONAL

**GOLD SPONSOR**

Eisai

**SILVER SPONSORS**

Clayton Feig Fund

SRP

PC depot

Cleveland Clinic Florida

jetBlue

**BRONZE SPONSORS**

Cyberonics

Holy Cross Hospital

Otterson Allison Wealth Management Group of Raymond James & Associates, Inc.

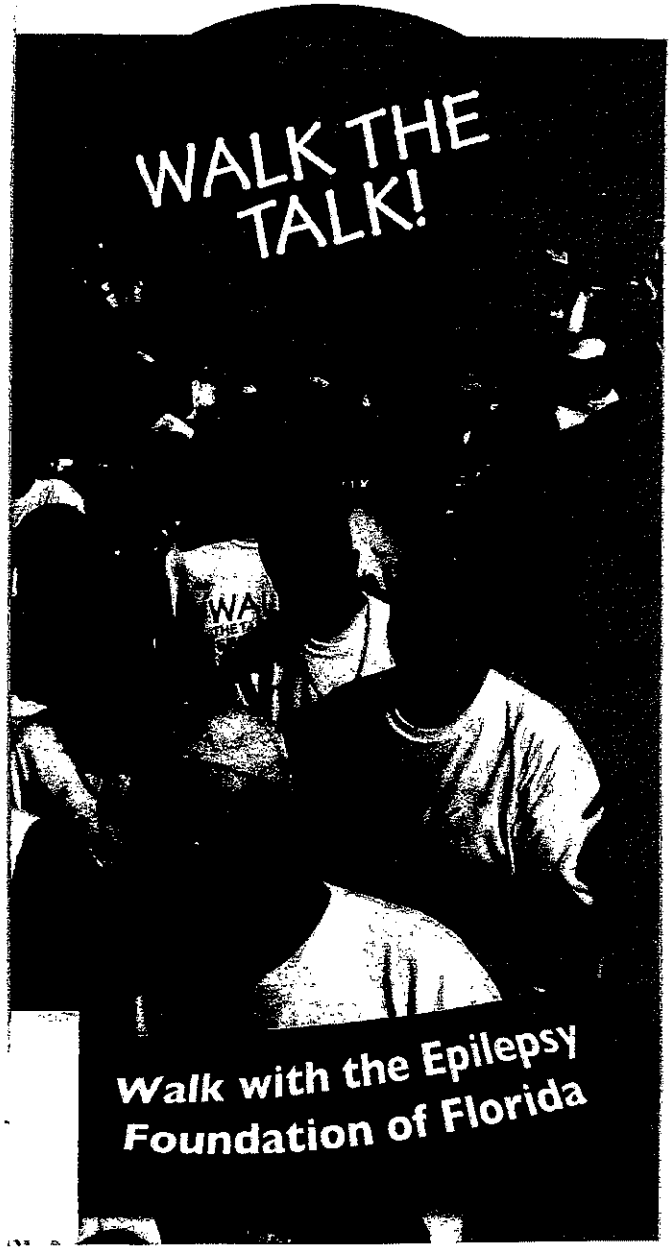
Wendy's

Miami Children's Hospital

Special Prizes for:

**Largest Team**
**Largest Corporate Team**
**Largest School Team**
**Individual raising the most money**

EPILEPSY FOUNDATION® FLORIDA



# The Epilepsy Foundation leads the fight to stop seizures, find a cure and overcome challenges created by epilepsy.

In addition to providing clinical services, counseling programs to individuals and training for healthcare, education, community organizations and corporate professionals, the Foundation serves as the lead advocate for the rights and needs of people with epilepsy and seizure disorders at the local, county and state level. One important mission is to help society better understand the disorder and foster a change in people's attitudes based on real facts, not fiction.

**3,000,000**: Epilepsy and seizure disorders affect over 3 million Americans of all ages – more than multiple sclerosis, cerebral palsy, muscular dystrophy, and Parkinson's disease combined.

**375,000**: In Florida, it is estimated that more than 375,000 people suffer from epilepsy and seizures.

**50,000**: It is estimated that up to 50,000 deaths occur annually in the U.S. from seizures – more than from breast cancer and other well-known maladies.

**ONE**: The additional number of people needed to help us to improve the numbers above.

# Join us at our 2012 Walks

8:00 AM - Registration opens
9:00 AM - Walk begins

**Vero Beach**
RIVERSIDE PARK 3001 Riverside Park Drive,
Vero Beach, FL 32963 - *Saturday, February 11, 2012*
*772-766-6258*

**Gainesville**
KANAPAHA PARK 7400 SW 41st Place
*Saturday, March 24, 2012 / 352-378-4324*

**Jacksonville**
MEMORIAL PARK 1620 Riverside Ave
*Saturday, March 31, 2012 / 904-731-3752*

**Miami**
CRANDON PARK 6747 Crandon Boulevard,
Key Biscayne - *Saturday, April 14, 2012 / 305-670-4949*

**Broward**
HOLLYWOOD BEACH 3601 N. Ocean Drive,
Hollywood - *Sunday, April 15, 2012 / 954-779-1509*

**West Palm Beach**
JOHN D. MACARTHUR BEACH STATE PARK
10900 A1A, North Palm Beach
*Saturday, April 21, 2012 / 561-478-6515*

**Stuart**
FLAGLER PARK
201 SW Flagler - *Sunday, April 22, 2012 / 772-223-4962*

**Daytona**
MARY MACLEOD BETHUNE PARK
6656 S. Atlantic Avenue, New Smyrna Beach
*Saturday, April 28, 2012 / 386-274-0648*

**1-877-55-EPILEPSY** (1-877-553-7453)

NON-PROFIT ORG
US POSTAGE
PAID
FT. LAUDERDALE, FL
PERMIT NO. 0041

Attachment #2 (cont)

1200 N.W. 78th Avenue, Suite 400
Miami, FL 33126
Fax: 305-670-0904
**1-877-55-EPILEPSY - 1-877-553-7453**

EPILEPSY FOUNDATION® FLORIDA
40 YEARS

**WALK FOR EPILEPSY!**
Register on-line:
www.epilepsyfla.org
All proceeds benefit the Epilepsy Foundation of Florida

10

# Join us!

## WALK THE TALK!

## for Epilepsy and Seizure Disorders

**Sunday**
**April 15**
**2012**

**8:00 AM**
Registration opens

**9:00 AM**
Walk begins

**BROWARD**
HOLLYWOOD BEACH
3601 N. Ocean Drive
Hollywood

Attachment #2 (cont.)

EPILEPSY FOUNDATION®
FLORIDA

1-877-55-EPILEPSY
(553-7453)

40 YEARS

Register on-line:
www.epilepsyfla.org

HIGH VALUE CHARITY 91%

ALL PROCEEDS WILL BENEFIT THE EPILEPSY FOUNDATION OF FLORIDA

To register go to **www.EpilepsyFLA.org**
For further information or to volunteer, call 954-779-1509

11

Attachment #2 (cont.)

**Get Started Today**
go to www.epilepsyFLA.org to register
**OR**
fill out the registration form below

# REGISTRATION FORM

Before you begin collecting, make copies of this form so you can collect more money and earn additional goodies OR you may pick up additional forms at any Epilepsy Foundation office – or at **www.EpilepsyFLA.org**

EPILEPSY FOUNDATION® FLORIDA

| SPONSOR NAME | CASH OR CHECK COLLECTED | ONLINE AMOUNT | E-MAIL / ADDRESS | CORP. MATCH |
|---|---|---|---|---|
| Example: Joe Smith | $75 | $50 | Jsmith@aol.com | ☐ |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Total Money Collected $_____ (this page)

Total Online $ _____

GRAND TOTAL $ _____

Don't stop now! Keep going and attach copies.

To receive goodies, individual walkers must turn in a registration form, and monies collected on the day of the Walk. Contributors to EFOF qualify for a tax deduction. You and the people who sponsor you should check with employers to see if they have a Matching Gift Program. In order to get credit for corporate matches, a matching gift form must be submitted with the check donation at time of registration. Make checks payable to the Epilepsy Foundation of Florida.

In consideration of my being permitted to participate in the Epilepsy Foundation of Florida, Inc., 2012 Walk-a-Thon (the "Walk-a-Thon"), I hereby release Epilepsy Foundation of Florida, Inc., and its affiliates (collectively the "Sponsor"), from any and all liability which may arise out of my participation in the Walk-a-Thon, and I agree to indemnify and hold harmless the Sponsor from all liability and expense arising out of such participation. I hereby waive all rights of action which I, my heirs, or representatives may have against the Sponsor or any other person connected with the Walk-a-Thon. I FULLY ASSUME ALL RISKS AND RESPONSIBILITY FOR ANY INJURY, LOSSES AND DAMAGES TO PERSON OR PROPERTY THAT I INCUR AS A RESULT OF MY PARTICIPATION IN THE EVENT. I am in good health and proper physical condition to participate in the Walk-a-Thon and I will stop my participation if I believe my participation becomes unsafe. I understand that there are physical risks and dangers associated with this. I understand that pictures, video or audio of this event may be taken. I give permission to the Sponsor to use any pictures, video or audio of my participation in the Walk-a-Thon for future promotional purposes, without compensation. We reserve the right to cancel in extreme circumstances. In that event, there will be no refunds; rather all funds raised will be considered a donation to the Epilepsy Foundation. For further information, please e-mail us at events@efof.org or phone us at 305-670-4949 or toll-free at 877-553-7453.

## GREAT PRIZES AND GIVEAWAYS

***All walkers are encouraged to raise $100 or more. Registered walkers over 12 years old who donate or raise $50 or more, and registered walkers under 12 years old who raise $20 or more, will receive a Walk the Talk! t-shirt.***

***Return your Registration form to: Epilepsy Foundation of Florida 1200 N.W. 78th Avenue, Suite 400 Miami, FL 33126***

Your Signature: _____

I can't participate, but here's my tax-deductible donation of $_____;

I am walking and making a tax-deductible donation of $_____;

☐ My tax-deductible donation is eligible for a corporate match and I have attached the necessary paperwork.

T-shirt size: (please circle) S M L XL XXL Child: M

☐ I need a special t-shirt for walkers with epilepsy_____

Walker Name #1: _____

Walker Name #2: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Team Name (If applicable): _____

Your support is sincerely appreciated. Donations are tax deductible to the full extent allowed by law. Epilepsy Foundation of Florida, Inc., is a non-profit organization with section 501(c)(3) status for tax purposes, and is governed by a Board of Directors. (EIN: 59-2164525) A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. Epilepsy Foundation of Florida 1200 NW 78th Avenue, Suite 400 Miami, FL 33126 Fax: 305-670-0904. Solicitation CH759.

Call 305-670-4949 x230 or email [illegible] to request material in accessible format, information on access for persons with disabilities, or a sign language interpreter (7 days in advance).

Attachment #3

# WALK WITH US...

## This is epilepsy...

Epilepsy is a disorder of the nervous system that makes people susceptible to seizures. A seizure is a change in sensation, awareness, or behavior brought about by a brief electrical disturbance in the brain. Seizures can vary from a momentary disruption of the senses, to short periods of unconsciousness or staring spells, to convulsions.

Nearly 3 million Americans are living with epilepsy and approximately 200,000 new cases of epilepsy are diagnosed each year. Epilepsy affects people of all ages, races, and ethnic backgrounds, and can develop at any time of life, especially in childhood and old age.

## How can the Epilepsy Foundation of Florida help?

The Epilepsy Foundation® of Florida (EFOF) was established in 1971 as a not-for-profit 501(c)(3). EFOF is a principal provider of epilepsy programs and services as designated by the Florida Department of Health, servicing the estimated 360,000 Floridians who suffer from the condition. It is the sole licensee in the state of the National Epilepsy Foundation®, which has led the fight against epilepsy since 1968.

EFOF serves as the lead advocate for the rights and needs of people with epilepsy and seizure disorders at the local, county and state level. EFOF provides many valuable services to individuals and their families, regardless of their financial situation, including:

- Advocacy
- Case Management
- Information, Referral and Support
- Medical Services
- Neuropsychological Services
- Prevention and Education
- Individual and Family Counseling
- Research
- Development and Fund-Raising
- Resource Materials
- Support Groups
- Children's Camp

Our mission is to ensure that people with seizures are able to participate in all life experiences, as well as prevent, control and cure epilepsy through comprehensive services, education, advocacy and research. To improve how people with epilepsy are perceived, accepted and valued in society.

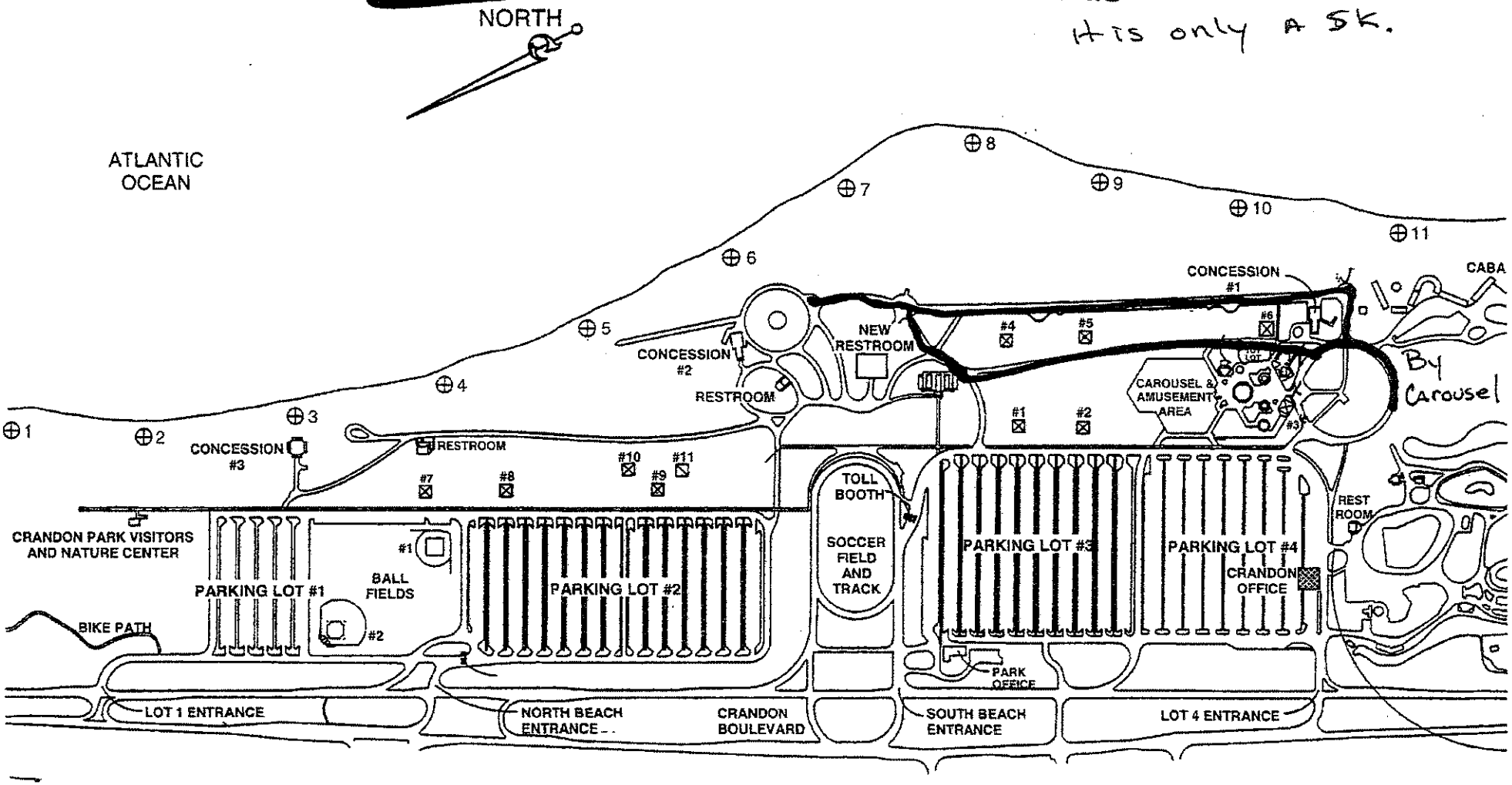
• Helicopter

# Attachment #4

where indicate in

This is an estimate

It is only a 5K.




# CRANDON PARK

To request material in accessible format, information on access for persons with disabilities, or sign language interpreter services (7 days in advance), call 305-365-6706

2012 Epilepsy Foundation of Florida
Key Biscayne Walk - April 13, 2012

## Total Expenses

| | Estimated | Actual |
|---|---|---|
| **Site** | | |
| Park Application | $50.00 | $50.00 |
| Open Area Fee | $663.40 | $663.40 |
| Medium Showmobile | $2,000.00 | $2,000.00 |
| Port a Let (2) | $300.00 | $300.00 |
| Security | $280.00 | $280.00 |
| **Totals** | **$3,013.40** | **$3,013.40** |
| **Prizes** | | |
| T-Shirts | $1,500.00 | $1,500.00 |
| Certificates | | |
| Thank You Letters | | |
| Goody Bags | | |
| Trophy / Medals | $50.00 | $50.00 |
| **Totals** | **$1,550.00** | **$1,550.00** |
| **Publicity** | | |
| Graphics work | | $0.00 |
| Photocopying/Printing | $2,500.00 | $2,500.00 |
| Postage | $500.00 | $500.00 |
| **Totals** | **$3,000.00** | **$3,000.00** |
| **Miscellaneous** | | |
| Signage | $350.00 | $350.00 |
| Transportation | | |
| Volunteer Transportation | $100.00 | $100.00 |
| Photography / Video | | $0.00 |
| **Totals** | **$450.00** | **$450.00** |
| **Refreshments** | | |
| Food | $500.00 | $500.00 |
| Drinks | $500.00 | $500.00 |
| Linens | $0.00 | $0.00 |
| Water (Waterstations) | $0.00 | $0.00 |
| **Totals** | **$1,000.00** | **$1,000.00** |
| **Program** | | |
| Performers | $250.00 | $250.00 |
| Speakers | | |
| Bounce House | $300.00 | $300.00 |
| Other | $1,000.00 | $1,000.00 |
| **Totals** | **$1,550.00** | **$1,550.00** |
| **Decorations** | | |
| Ribbons/Streamers | | |
| Tables, tents and chairs | $100.00 | $100.00 |
| **Totals** | **$100.00** | **$100.00** |

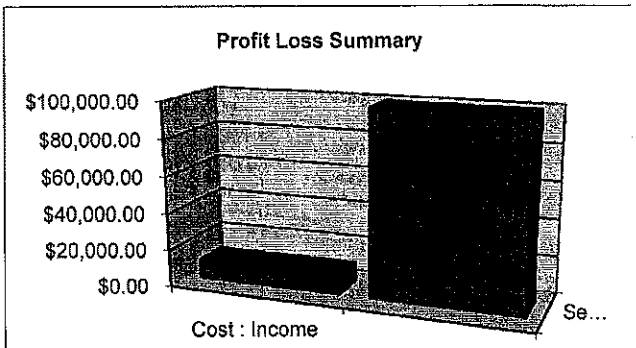
| Event Total Cost | | |
|---|---|---|
| **Event Cost** | **Estimated** | **Total** |
| | $10,663.40 | $10,663.40 |

## Total Income

**Money raised**

| | Class | Price | Actual |
|---|---|---|---|
| 600 Participants | Adults @ | $50.00 | $30,000.00 |
| Sponsors | Corporate | $70,000.00 | $70,000.00 |
| | | | Total |
| | | | **$100,000.00** |

| Profit Loss Summary | | | |
|---|---|---|---|
| **Total Expenses** | | | $10,663.40 |
| **Total Income** | | | $100,000.00 |
| **Profit:** | | | $89,336.60 |




Attachment #5

MIAMI-DADE COUNTY

**MIAMI-DADE-POLICE DEPARTMENT**
**FISCAL ADMINISTRATION BUREAU**
**9105 N.W. 25TH STREET**
**MIAMI, FLORIDA 33172**

## *OFF-REGULAR-DUTY POLICE SERVICE PERMIT APPLICATION*

**Temporary** ☒ **Permanent** ☐

The MIAMI-DADE POLICE DEPARTMENT is NOT obligated to provide Off-Regular-Duty Police Service. A permit will not be issued to any person, firm, or organization whose officers, members, business, or operations are questionable or for any event that will discredit the employee or Department.

It is understood that, notwithstanding the fact that the permit holder will reimburse Miami-Dade County for the services rendered, the police personnel remain employees of the Miami-Dade Police Department. The applicant is restricted to the general assignment of duties to be performed and has no authority over the police personnel.

It is further understood by all parties that a police officer performing off-regular-duty service who takes police action falling within the purview, or on the permit holder's premises, shall remain in an off-regular-duty service status for the duration of time it takes to complete the processing of such action. Any time beyond that originally contracted for which is used to complete the processing of the police action shall be paid for by the permit holder. However, an officer taking police action outside the purview of the permit, or off the permit holder's premises, will revert to an on-duty status.

All compensation due for permanent permits will be paid in check or money order form, payable to Board of County Commissioners and forwarded to the Miami-Dade Police Department, Fiscal Administration Bureau - Off-Duty Police Unit, 9105 NW 25 Street, Suite 3049, Doral, FL 33172. Payment is due upon receipt of Off-Regular-Duty Police Services invoice. Accounts (30) days in arrears will be subject to finance charges at the maximum legal rate.

Compensation for temporary permits must be paid upon request of service. Payments must be by certified check, money order, travelers check, cashier's check, or cash, and must be payable to Board of County Commissioners.

Any compensation over and above the rate established by ordinance is prohibited.

DATE: 3-23-12 FEDERAL TAX ID NO. 59-2164525

**APPLICANT/BUSINESS NAME:** Epilepsy Foundation
(Business or Organization)

TELEPHONE: (305) 670-4949 FAX: (305) 670-0904

BUSINESS ADDRESS: 1200 NW 78th Avenue, #400, Miami, FL 33126

MAILING ADDRESS: 1200 NW 78th Avenue, #400, Miami, FL. 33126

EMAIL ADDRESS: gbusse@efof.org

**NAME OF AUTHORIZED AGENT REQUESTING PERMIT:**

Gema (First) R. (Middle) Busse (Last)

SSN: 261-33-0543 DOB 09-04-57 (MO.-DAY-YR.) Race H Sex: F.

HOME ADDRESS 8510 SW 104 St. Miami HOME PHONE (305) 596-5066

CITY: Miami STATE FL. ZIP 33156

Is requesting to engage the services of Off-Regular-Duty Police Personnel of the Miami-Dade County, Miami-Dade Police Department, for police services that are in addition to those provided generally to the public.

PERIOD OF EMPLOYMENT: BEGINNING DATE 04-14-12 ENDING DATE 04-14-12

HOURS TO BE WORKED: 4 Hrs. From 8:00 PM To 12:00 NOON From _____ To _____

114.01-162 07/06
32.09.04-6 07/06

16

SPECIFIC LOCATION OF POLICE SERVICE: Crandon Park 6747 Crandon Blvd. Key Biscayne

SPECIFIC SERVICE TO BE PERFORMED: Security near the Registration table where there will be cash. General Security during walk-a-thon.

Other Equipment Requested: No X Yes

| | | | |
|---|---|---|---|
| ☐ Motorcycle | ☒ Marked Police Vehicle | ☐ Horse and Trailer | ☐ Helicopter |
| ☐ Airplane | ☐ Canine | ☐ Air Fills | ☐ All Terrain Vehicle |

Additional Concerns: _____

Number of Police Personnel Required: Supervisor _____ Officers 2 Motorcycle Officers _____

Additional Permits (If Required) STATE NO. _____ COUNTY NO. _____

A permit holder may relinquish his permit at any time. However, in the event of such relinquishing, the permit holder shall be required to pay a reasonable compensation for all expenses incurred to provide the services authorized by the permit. The permit holder will be assessed a 3-hour minimum rate for each hiree.

A credit report will be conducted to establish if the applicant's credit history meets the Department's requirements.

THIS PERMIT MAY BE CANCELED BY THE DIRECTOR OF THE MIAMI-DADE POLICE DEPARTMENT, OR HIS AGENT, AT ANY TIME WITH OR WITHOUT CAUSE. THE PERMANENT PERMIT WILL BE REVIEWED ANNUALLY.

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION AND WILL ACT IN FULL COMPLIANCE WITH THEM.

Gema Bussi
Signature of Permit Holder/Agent

Special Event Coordinator
Occupation - Name of Business

305-670-4949 ext 230
Business Telephone Number

Witness

**AFTER INVESTIGATING THIS REQUEST, IT IS RESPECTFULLY RECOMMENDED THAT THIS APPLICATION BE:**

APPROVED DATE DISAPPROVED

Supervisor Supervisor

**PERMIT NO.:** _____ **VALID WHEN ISSUED.**

**ORIGINATOR:** _____

# Crandon Park Estimated Special Event Fee Schedule

*"Delivering Excellence Every Day"*

## 4/14/12 Epilepsy Walk

**Estimated Attendance** 1000 **Estimated # of cars (2.5 per car)** 400

| Description | Fee | Areas | Cost | Notes |
|---|---|---|---|---|
| Area fee | $ 663.40 | 1 | $ 663.40 | |
| Cabana | $35.00 | 0 | $ - | |
| Shelters | $100 | 0 | $ - | |
| Showmobile | $1,400 | 1 | $ 1,400.00 | |
| | | | $ 2,063.40 | |

| Personnel | Rate | Amount | Hrs | Cost | |
|---|---|---|---|---|---|
| | $0 | 0 | 0 | $ - | |
| | $ - | | | $ - | |
| Maintenance Supervisor | $ 32.52 | 0 | 0 | $ - | |
| Maintenance Operator | $ 24.09 | 0 | 0 | $ - | |
| Park Service Aid | $ 13.03 | 2 | 2 | $ 26.06 | |
| Toll Operator | $ 13.03 | 0 | 0 | $ - | |
| Park Management | $ 45.00 | 1 | 1 | $ 45.00 | |
| Early Gate Entry | $ 40.00 | 2 | 2 | $ 80.00 | |
| Estimated Staff fee | | | | $ 151.06 | |
| Permit fee | $ 50.00 | 1 | | $ 50.00 | |
| **Parking** | **Fee** | **# Cars** | | **Cost** | |
| Parking | $ 6.00 | 28 | | $ 168.00 | Volunteers/event paid by participants |

| | | |
|---|---|---|
| Damage Deposit | | $ - |
| Park Improvement Surcharge | | $ - |
| Deposit | | $ - |
| Tax | 0% | $ - |
| **Total** | | ***$ 2,432.46*** |

**Damage Deposit**

The Event Organizer will be responsible for remitting a damage deposit that will be held by the Park and Recreation Department until the conclusion of an inspection of the condition of the Park and Recreation Facility where the Special Event was held. This deposit shall be required one day prior to the Event.

- Class "A" Event $5,000.00
- Class "B" Event $3,000.00
- Class "C" Event $1,500.00

This deposit will be returned in full within 14 days after the Event to the Event Organizer if no extraordinary damage to a Facility is determined. If damage is detected, the full cost of repairs will be subtracted from the deposit amount. If the damage exceeds the deposit amount, the Event Organizer will be billed for the remaining costs associated with the repair of the damage.

IMPORTANT NOTE: This is an estimate. Actual Crandon Park usage and manpower will be applied to the invoice.

**Waivers**

Any and all waivers of fees or surcharges must be approved by a majority of the Board of County Commissioners members present, and shall be granted only if the Event Organizer can provide evidence that such fees and surcharges exact an undue burden on Event guests.

2012 Epilepsy Foundation of Florida
Key Biscayne Walk - April 13, 2012

| Total Expenses | Estimated | Actual |
|---|---|---|
| **Site** | | |
| Park Application | $50.00 | $50.00 |
| Open Area Fee | $663.40 | $663.40 |
| Medium Showmobile | $2,000.00 | $2,000.00 |
| Port a Let (2) | $300.00 | $300.00 |
| Security | $280.00 | $280.00 |
| **Totals** | **$3,013.40** | **$3,013.40** |
| **Prizes** | | |
| T-Shirts | $1,500.00 | $1,500.00 |
| Certificates | | |
| Thank You Letters | | |
| Goody Bags | | |
| Trophy / Medals | $50.00 | $50.00 |
| **Totals** | **$1,550.00** | **$1,550.00** |
| **Publicity** | | |
| Graphics work | | $0.00 |
| Photocopying/Printing | $2,500.00 | $2,500.00 |
| Postage | $500.00 | $500.00 |
| **Totals** | **$3,000.00** | **$3,000.00** |
| **Miscellaneous** | | |
| Signage | $350.00 | $350.00 |
| Transportation | | |
| Volunteer Transportation | $100.00 | $100.00 |
| Photography / Video | | $0.00 |
| **Totals** | **$450.00** | **$450.00** |
| **Refreshments** | | |
| Food | $500.00 | $500.00 |
| Drinks | $500.00 | $500.00 |
| Linens | $0.00 | $0.00 |
| Water (Waterstations) | $0.00 | $0.00 |
| **Totals** | **$1,000.00** | **$1,000.00** |
| **Program** | | |
| Performers | $250.00 | $250.00 |
| Speakers | | |
| Bounce House | $300.00 | $300.00 |
| Other | $1,000.00 | $1,000.00 |
| **Totals** | **$1,550.00** | **$1,550.00** |
| **Decorations** | | |
| Ribbons/Streamers | | |
| Tables, tents and chairs | $100.00 | $100.00 |
| **Totals** | **$100.00** | **$100.00** |

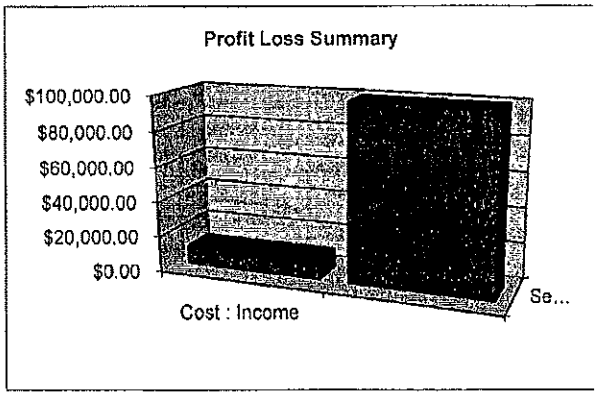
| Event Total Cost | | |
|---|---|---|
| Event Cost | Estimated | Total |
| | $10,663.40 | $10,663.40 |

**Total Income**

**Money raised**

| | Class | Price | Actual |
|---|---|---|---|
| 600 Participants | Adults @ | $50.00 | $30,000.00 |
| Sponsors | Corporate | $70,000.00 | $70,000.00 |
| | | | Total |
| | | | **$100,000.00** |

| Profit Loss Summary | | | |
|---|---|---|---|
| **Total Expenses** | | | $10,663.40 |
| **Total Income** | | | $100,000.00 |
| **Profit:** | | | $89,336.60 |




Attachment #5

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



# Detail by Entity Name

## Florida Non Profit Corporation

EPILEPSY FOUNDATION OF FLORIDA, INC.

## Filing Information

| | |
|---|---|
| **Document Number** | 721887 |
| **FEI/EIN Number** | 592164525 |
| **Date Filed** | 10/15/1971 |
| **State** | FL |
| **Status** | ACTIVE |
| **Last Event** | MERGER |
| **Event Date Filed** | 06/12/2008 |
| **Event Effective Date** | 06/30/2008 |

## Principal Address

1200 N.W. 78TH AVE., STE 400
MIAMI FL 33126

Changed 12/16/2010

## Mailing Address

1200 N.W. 78TH AVE., STE 400
MIAMI FL 33126

Changed 12/16/2010

## Registered Agent Name & Address

BASHA-EGOZI, KAREN CEO
1200 NW 78TH AVE.
DORAL FL 33126 US

Name Changed: 02/08/2010

Address Changed: 12/16/2010

## Officer/Director Detail

**Name & Address**

Title P

DEAN, PAT MS.
MCH, 3200 SW 62 AVENUE
MIAMI FL 33155

Title T

GARCIA-CONCHESO, TARINA
445 SW 25TH ROAD
MIAMI FL 33129

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Title S

GREEN, NOVETTE
PNPB 12959 PALMS WEST DRIVE STE 120
LOXAHATCHEE FL 33470

Title V

NEWMYER, A.G III
2355 MARSEILLES DR
PALM BEACH GARDENS FL 33410

Title MGRM

JONES, CHARLES
1909 S UNIVERSITY BLVD STE 802
JACKSONVILLE FL 32216

## Annual Reports

| Report Year | Filed Date |
|---|---|
| 2010 | 02/08/2010 |
| 2011 | 03/17/2011 |
| 2012 | 01/05/2012 |

## Document Images

| | |
|---|---|
| 01/05/2012 -- ANNUAL REPORT | View image in PDF format |
| 03/17/2011 -- ANNUAL REPORT | View image in PDF format |
| 12/16/2010 -- Reg. Agent Change | View image in PDF format |
| 12/16/2010 -- ADDRESS CHANGE | View image in PDF format |
| 02/08/2010 -- ANNUAL REPORT | View image in PDF format |
| 02/26/2009 -- ANNUAL REPORT | View image in PDF format |
| 06/12/2008 -- Merger | View image in PDF format |
| 04/10/2008 -- ANNUAL REPORT | View image in PDF format |
| 02/21/2007 -- ANNUAL REPORT | View image in PDF format |
| 09/19/2006 -- Name Change | View image in PDF format |
| 02/13/2006 -- ANNUAL REPORT | View image in PDF format |
| 01/19/2005 -- ANNUAL REPORT | View image in PDF format |
| 07/06/2004 -- ANNUAL REPORT | View image in PDF format |
| 02/03/2003 -- ANNUAL REPORT | View image in PDF format |
| 05/27/2002 -- ANNUAL REPORT | View image in PDF format |
| 06/19/2001 -- ANNUAL REPORT | View image in PDF format |
| 05/10/2000 -- ANNUAL REPORT | View image in PDF format |
| 05/01/1999 -- ANNUAL REPORT | View image in PDF format |
| 07/30/1998 -- ANNUAL REPORT | View image in PDF format |
| 05/19/1997 -- ANNUAL REPORT | View image in PDF format |
| 07/02/1996 -- ANNUAL REPORT | View image in PDF format |
| 04/12/1995 -- ANNUAL REPORT | View image in PDF format |

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

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# Memorandum

**Date:** June 5, 2012

**To:** Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

**From:** Carlos A. Gimenez
Mayor

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

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A retroactive waiver for in-kind services has been requested by a non-for-profit, Epilepsy Foundation of Florida, Inc., for their "Walk the Talk" event held on April 14, 2012.

In-kind services have been requested in an amount not to exceed $2,432.46 from the Parks, Recreation, and Open Spaces Department for the use of Crandon Park, parking, and a showmobile; and $348 from the Police Department for off-regular-duty police service. This event will be funded from the unspent balance of the District 11 FY 2008-09 In-Kind Reserve Fund.

Deputy Mayor

Inkind012015