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CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

MEMORANDUM

Agenda Item No. 3(A)(7)

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: October 22, 2013

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

SUBJECT: Resolution retroactively authorizing in-kind services for the February 9, 2013 "I am Trayvon: A Day of Remembrance Peace Walk"

Resolution No. R-831-13

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

R. A. Cuevas, Jr.
County Attorney

RAC/cp

MEMORANDUM
(Revised)

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: October 22, 2013

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

SUBJECT: Agenda Item No. 3(A)(7)

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 Mayor'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. 3(A)(7)
10-22-13

RESOLUTION NO. R-831-13

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE FEBRUARY 9, 2013 "I AM TRAYVON: A DAY OF REMEMBRANCE PEACE WALK" SPONSORED BY THE MIAMI FOUNDATION, INC. IN AN AMOUNT NOT TO EXCEED $2,400.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 1 FY 2012-13 IN-KIND RESERVE FUND

WHEREAS, the Miami Foundation, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the February 9, 2013 "I am Trayvon: A Day of Remembrance Peace Walk" in an amount not to exceed $2,400.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "I am Trayvon: A Day of Remembrance Peace Walk" is to show support in a peaceful manner on the one-year anniversary of the death of Trayvon Martin; and

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

WHEREAS, the "I am Trayvon: A Day of Remembrance Peace Walk" is a district event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $2,400.00 of the in-kind services shall be funded from the balance of the District 1 FY 2012-13 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 for the February 9, 2013 "I am Trayvon: A Day of Remembrance Peace Walk" sponsored by the Miami

Foundation, Inc. in an amount not to exceed $2,400.00 to be funded from the balance of District 1 FY 2012-13 In-Kind Reserve Fund.

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

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

The Chairperson thereupon declared the resolution duly passed and adopted this 22nd day of October, 2013. 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

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: The Miami Foundation/Trayvon Martin Foundation

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.): _____
   Hope Buchanan, 786-859-5897, hopey12000@yahoo.con

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Showmobile, small stage

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): "I am Trayvon" Peace Walk, June 9, 2013

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)): Ives Estate Park, 20901 NE 16th Avenue, North Miami Beach, Florida 33179

8. Description of regional or local impact: After the untimely death of Trayvon Martin, several Students from local schools walked out in solidarity of Trayvon Martin. This was an outlet for them to come out and learn a lesson in peaceful protest. As well as a thank you from the parents for the support. This the 1 year anniversary of his death.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Set-up 7:00 am Breakdown 12:00pm

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): The event was held at Ives Estate Park, I-95 Ives Dairy Road, N.E. 16th Avenue

11. Expected number of participants and estimated attendance (per day, if applicable): 250 - 300

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Tents - $300, Portable Restrooms - $350, Printed Materials - $300, Sound systems - $500

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

Kim McCray/hb
Signature of Authorized Representative

2/1/13
Date

Form **W-9**
(Rev. December 2011)
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)
The Miami Foundation

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☑ Other (see instructions) ▶ 501(c)3 nonprofit

☑ Exempt payee

Address (number, street, and apt. or suite no.)
200 South Biscayne Boulevard, Suite 505

Requester's name and address (optional)

City, state, and ZIP code
Miami, FL 33131-5330

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
6 5 - 0 3 5 0 3 5 7

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. citizen or other U.S. person (defined below).

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 ▶ Date ▶ 6/15/12

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

THE MIAMI FOUNDATION, INC.

Filing Information

Document Number	N50007
FEI/EIN Number	650350357
Date Filed	07/23/1992
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	10/13/2010
Event Effective Date	NONE

Principal Address

200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 33131-5330

Changed: 03/15/2011

Mailing Address

200 SOUTH BISCAYNE BLVD.
SUITE 505
MIAMI, FL 33131-5330

Changed: 03/15/2011

Registered Agent Name & Address

SOTO, JAVIER AP
200 S BISCAYNE BLVD
SUITE 505
MIAMI, FL 33131-5330

Name Changed: 02/10/2010

Address Changed: 04/25/2007

Officer/Director Detail

Name & Address

Title DP

SOTO, JAVIER APRESIDE

200 SOUTH BISCAYNE BLVD., STE 505
MIAMI, FL 33131-5330

Title Chairman

JOLIVERT, LOUIS
200 SOUTH BISCAYNE BLVD., STE 505
MIAMI, FL 33131-5330

Title DVC

SHAFFER, PENNY
200 SOUTH BISCAYNE BLVD., STE 505
MIAMI, FL 33131-5330

Title DT

MARTINEZ, JUAN
200 SOUTH BISCAYNE BLVD., STE 505
MIAMI, FL 33131-5330

Title DS

MARTINEZ, JUAN
200 SOUTH BISCAYNE BLVD., STE 505
MIAMI, FL 33131-5330

Title Committee Chair

Rodriguez, Raul L
200 SOUTH BISCAYNE BLVD., STE 505
MIAMI, FL 33131

Annual Reports

Report Year	Filed Date
2011	03/15/2011
2012	02/16/2012
2013	01/31/2013

Document Images

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MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Trayvon Martin Foundation

EQUIPMENT REQUESTED: Showmobile Large and Stage 16' x 16'

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Barbara Jordan, Commission District #1

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Suite

NAME/TITLE OF THE EVENT: I Am Trayvon A Day of Remembrance Peace Walk

ADDRESS OF EVENT: Ives Estate Park 20901 NE 16 Ave

TODAY'S DATE: 1/29/13

DATE (S) & TIME OF EVENT: 02/09/13 10AM

SET-UP TIME & DAY: 8AM 02/09/13

TAKE-DOWN & DAY: 6PM 02/09/13

CONTACT PERSON/PHONE: Hope Buchanan 786-859-5897

AT SITE CONTACT/CELL PHONE#:

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.

OTHER INFORMATION: Include additional equipment if needed.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

*Fee: $2,400.00 In-kind District #1

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: Barbara J. Jordan

Commissioner Barbara Jordan

Agency/Group: Commission District #1

CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED ½ (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.

Late equipment arrivals, please call (786) 236-7926

Memorandum

MIAMI-DADE COUNTY

Date: October 22, 2013

To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by the Miami Foundation, Inc. for the "I am Trayvon: A Day of Remembrance Peace Walk" event held on February 9th, 2013.

In-kind services have been requested in an amount not to exceed $2,400.00 from the Parks, Recreation and Open Spaces Department for the use of a large showmobile and a 16' x 16' stage. This event will be funded from the balance of District 1 FY 2012-13 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01354