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

MEMORANDUM

Agenda Item No. 3(A)(9)

TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: September 1, 2015

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

SUBJECT: Resolution retroactively authorizing in-kind services for the October 25, 2014 "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" event

Resolution No. R-668-15

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.

R. A. Cuevas, Jr.
County Attorney

RAC/smm

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MEMORANDUM
(Revised)

TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: September 1, 2015

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

SUBJECT: Agenda Item No. 3(A)(9)

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)(9)
9-1-15

RESOLUTION NO. R-668-15

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE OCTOBER 25, 2014 "HOPE4LYFE 3/5K RUN/WALK BREAST CANCER AWARENESS" EVENT SPONSORED BY COMMUNITY HEALTH OF SOUTH FLORIDA, INC. IN AN AMOUNT NOT TO EXCEED $1,700.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2014-15 IN-KIND RESERVE FUND

WHEREAS, the Community Health of South Florida, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the October 25, 2014 "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" event in an amount not to exceed $1,700.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" event is to raise funds to provide uninsured and underinsured residents of South Miami-Dade the opportunity to gain access to healthcare and mammogram screenings; and

WHEREAS, the Community Health of South Florida, Inc. is a not-for-profit organization; and

WHEREAS, the "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" event is a district event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $1,700.00 of the in-kind services shall be funded from the balance of the District 9 FY 2014-15 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 October 25, 2014 "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" event sponsored by

the Community Health of South Florida, Inc. in an amount not to exceed $1,700.00 to be funded from the balance of the District 9 FY 2014-15 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner **Xavier L. Suarez**, who moved its adoption. The motion was seconded by Commissioner **Daniella Levine Cava** and upon being put to a vote, the vote was as follows:

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

The Chairperson thereupon declared the resolution duly passed and adopted this 1st day of September, 2015. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the 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

1517

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 Commissioner Dennis C. Moss/District 9

1. Full legal name of the requesting organization: Community Health of South Florida, 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.):
Romanita Ford rford@chisouthfl.org (305) 252-4853 (305-986-4061) cell Romanita
10300 SW 216 Street
Miami, Fl 33190

4. Specify fee waiver or in-kind service requested (quantify, if applicable): The HOPE4LYFE 3/5k run/walk Breast Cancer Awareness event will require the services of 2 Miami Dade County Police Officers to provide protection and traffic management. Fire Rescue support will be needed. We will also need a sound stage and set-up.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The HOPE4LYFE 3/5k run/walk Breast Cancer Awareness event is scheduled for October 25, 2014 at Homestead Air Reserve Park, 27401 SW 127 Ave, Homestead, Fl. This is a fundraising event with proceeds being used to pay for a screening mammogram and office visit for uninsured and underinsured community residents of South Miami Dade County.

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)): The event is being held at Homestead Air Reserve Park, 27401 SW 127 Ave, Homestead, Fl 33033 - District 9 - Commissioner Dennis C. Moss.

8. Description of regional or local impact: The HOPE4LFYE 3/5k Breast Cancer Awareness event will provide uninsured and underinsured residents of South Miami Dade County the opportunity to gain access to healthcare and screening mammograms. The goal is to provide opportunities for early detection and treatment of breast cancer. Attached is the report of free breast screening. CHI screened 155 patients.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): The HOPE4LYFE 3/5K Breast Cancer Awareness event has an early set-up starting at 5:00pm on October 25, 2014. Set up continues on October 26 at 5:30am. Event registration is from 6:30am - 7:30am. The run/walk is from 8:00am - 10:00am. Event ends at 11:00am. Park clean up if from 11:00am -1:00pm

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Please see attached

11. Expected number of participants and estimated attendance (per day, if applicable): 500 on October 25, 2014

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Please see attached budget.

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

Brodes H. Hartley, Jr, President/CEO
Signature of Authorized Representative

9/11/14
Date

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Community Health of South Florida, Inc

EQUIPMENT REQUESTED: Showmobile Medium and Light Tower (4)

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis Moss, Commission District #9

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE: 111 NW 1st Street Suite 320 Miami, FL 33128

NAME/TITLE OF THE EVENT: Hope 4 L.Y.F.E. 3k - 5k Walk

ADDRESS OF EVENT: 27401 SW 127 Ave Homestead, FL 33032

TODAY'S DATE: 10/10/14

DATE (S) & TIME OF EVENT: 10/25/14 7AM – 11:00AM

SET-UP TIME & DAY: 6AM 10/25/14

TAKE-DOWN & DAY: 11:30AM 10/25/14

CONTACT PERSON/PHONE: Tara Turner 305-252-4853/786-261-3870

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: $1,700.00 In-kind District #9

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature:

Commissioner Dennis Moss

Agency/Group: Commission District #9

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

Form **W-9**
(Rev. October 2007)
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)

Business name, if different from above
COMMUNITY HEALTH OF SOUTH FLORIDA, INC.

Check appropriate box: ☐ Individual/Sole proprietor ☑ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....
☑ Other (see instructions) ▶ not-for-profit organization

☐ Exempt payee

Address (number, street, and apt. or suite no.)
10300 SW 216th Street

Requester's name and address (optional)

City, state, and ZIP code
Miami, Florida 33190

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.

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
| | |

or

Employer identification number
59 | 1372890

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 ▶ [signature] Date ▶ 9/10/14

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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

COMMUNITY HEALTH OF SOUTH FLORIDA, INC.

Filing Information

Document Number	720924
FEI/EIN Number	591372690
Date Filed	05/12/1971
State	FL
Status	ACTIVE
Last Event	AMENDED AND RESTATED ARTICLES
Event Date Filed	05/03/2007
Event Effective Date	NONE

Principal Address

10300 S.W. 216 STREET
MIAMI, FL 33190

Changed: 03/20/1985

Mailing Address

10300 S.W. 216 STREET
MIAMI, FL 33190

Changed: 03/20/1985

Registered Agent Name & Address

HARTLEY, BRODES HJR.
10300 S W 216 STREET
MIAMI, FL 33190

Name Changed: 03/25/2005

Address Changed: 03/20/1985

Officer/Director Detail

Name & Address

Title CD

YOUNG, DAVID SR.
5963 NW 201 TERR
MIAMI, FL 33015

Title TD

JAMES, JOSEPH
220 NE 12 AVE. LOT 131
HOMESTEAD, FL 33030

Title VD

Bhagwandin, Helen
11860 SW 136 Terrace
Miami, FL 33186

Title VD, 1st

Brown, Johnny
7749 SW 184 Way
MIAMI, FL 33157

Title SD

TAYLOR PATES, CAROLYN
Box 700364
Miami, FL 33170

Title P

HARTLEY, BRODES HJR
19338 SW 80 COURT
CUTLER BAY, FL 33157

Title Assistant Secretary

Windsor, Natalie
7425 SW 99 Avenue
Miami, FL 33173

Annual Reports

Report Year	Filed Date
2013	04/29/2013
2013	06/28/2013
2014	04/24/2014

Document Images

04/24/2014 -- ANNUAL REPORT	View image in PDF format
06/28/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
04/29/2013 -- ANNUAL REPORT	View image in PDF format
04/12/2012 -- ANNUAL REPORT	View image in PDF format
04/18/2011 -- ANNUAL REPORT	View image in PDF format
04/28/2010 -- ANNUAL REPORT	View image in PDF format

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HOPE4LYFE
Live Your Life Everyday

Plan Layout

Friday, October 24, 2014
5:00pm – Sound stage/Portable restrooms delivered

Saturday, October 25, 2014

5:30am	LYFE Stage set up 4 Water stations, oranges, banana stations set up (Restaurant Depo)
6:30am – 7:30am –	Registration/Volunteers/Balloon Arch Security – 3 Miami Dade Police Officers Miami Dade Fire and Rescue Homestead Job Corps Security Parking – City of Homestead Explorers
7:35am	Welcome CHI/Committee members
7:40am	Invocation
7:45am	Warm up
8:00am	Walk/Run starts
10:00am	Walk/Run ends
10:15am	Closing remarks
11:00am – 2:00pm	Park Clean up

Memorandum

MIAMI-DADE COUNTY

Date: September 1, 2015

To: Honorable Chairman Jean Monestime
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 Community Health of South Florida, Inc. for its "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" event held on October 25, 2014.

In-kind services have been requested in an amount not to exceed $1,700.00 from the Parks, Recreation and Open Spaces Department for the use of a medium showmobile and four (4) light towers. This event will be funded from the balance of District 9 FY 2014-15 In-Kind Reserve Funds.

Edward Marquez
Deputy Mayor

Inkind01517