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

MEMORANDUM

Agenda Item No. 3(A)(8)

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 April 11, 2015 "JDRF Miami One Walk to Cure Diabetes" event

Resolution No. R-667-15

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

/

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)(8)

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)(8)
9-1-15

RESOLUTION NO. R-667-15

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE APRIL 11, 2015 "JDRF MIAMI ONE WALK TO CURE DIABETES" EVENT SPONSORED BY JDRF INTERNATIONAL INCORPORATED SOUTH FLORIDA CHAPTER IN AN AMOUNT NOT TO EXCEED $790.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2014-15 IN-KIND RESERVE FUND

WHEREAS, JDRF International Incorporated South Florida Chapter has requested in-kind services from the Parks, Recreation and Open Spaces Department for the April 11, 2015 "JDRF Miami One Walk to Cure Diabetes" event in an amount not to exceed $790.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "JDRF Miami One Walk to Cure Diabetes" is to raise funds and awareness regarding type one diabetes; and

WHEREAS, JDRF International Incorporated South Florida Chapter is a not-for-profit organization; and

WHEREAS, the "JDRF Miami One Walk to Cure Diabetes" is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $790.00 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 April 11, 2015 "JDRF Miami One Walk to Cure Diabetes" sponsored by JDRF International

Incorporated South Florida Chapter in an amount not to exceed $790.00 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

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 Dennis C. Moss, District 9

1. Full legal name of the requesting organization: JDRF International, 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.):
   Cathy Velez; 954-903-9454; Fx: 954-565-4767
   3411 NW 9th Ave, Ste. 701 email: cvelez@jdrf.org
   Ft. Lauderdale, FL 33309

4. Specify fee waiver or in-kind service requested (quantify, if applicable):
   Fee waiver for Small Show, Mobile Stage.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
JDRF Miami One Walk. April 11, 2015 at Zoo Miami - 12400 SW 152nd St, Miami, FL 33177.
This event's purpose is to raise funds and awareness for type one diabetes. Proceeds support the JDRF mission to fund rsearch to find better treatments, possible prevention, and ultimately, a cure for type one diabetes

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)):
Zoo Miami at 12400 SW 152 Street, Miami, FL 33177
Main event area is Monkey Meadow, and walk is throughout the zoo grounds.

8. Description of regional or local impact: South Florida is home to about 40,000 families affected by type one diabetes.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
Delivery and set up of stage: Friday, April 10th, 9:00 am
Breakdown of stage: Saturday, April 11th, after 12:00 pm

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): At front gate of Zoo Miami, participants will be directed by volunteers and signage to Monkey Meadow, the event site within the Zoo. Volunteers and signage will also direct participants along the Walk route within the Zoo.

11. Expected number of participants and estimated attendance (per day, if applicable): Estimated participants - 2,500. Estimated attendance - 3,000.

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Walk revenue - 335,879. Walk Expenses - 56,207. Walk net income - 279,672.

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

Signature of Authorized Representative

3/13/2015
Date

Form **W-9**
(Rev. December 2014)
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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
JDRF INTERNATIONAL

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) 1
Exemption from FATCA reporting code (if any) A
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
26 BROADWAY 15TH FLOOR

Requester's name and address (optional)

6 City, state, and ZIP code
NEW YORK, NY 10004

7 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 generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

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

or

Employer identification number
2 3 - 1 9 0 7 7 2 9

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here Signature of U.S. person ▶ Date ▶ 1/20/2015

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Miami Walk Budget Accounts	BUDGET FY2015
Revenue	
Walk Revenue	
4102 Walk Corporate Teams	112,500
4104 Walk Family Teams	162,500
4106 Walk Cash Sponsorship	35,000
4107 National Corporate Walk Sponsorship	0
4108 Walk Individuals	10,000
4110 Walk Matching Gifts	3,000
4111 National Corporate Walk Sneaker Sales	379
4112 Walk Sneaker Sales	0
4113 Walk School Teams	7,500
4114 Walk Corporate Other Income	5,000
4115 Walk Income Deposit Suspense	
Total	335,879
Total	335,879
Expenses	
Walk Direct Expense	
6102 Walk Recruitment Event	
6104 Walk Family Team Workshop	3,400
6106 Walk Team Captains Kickoff	4,600
6108 Walk Day Food & Beverage	3,000
6110 Walk Awards Reception	3,000
6112 Walk Plaques & Awards	1,500
6114 Walk Promotional Items	1,500
6115 Walk Entertainment/Production	23,000
6116 Walk Walker Incentive Prizes	8,000
6118 Walk T Shirt Expenses	
6119 Walk Misc Direct expenses	0
Total	48,000
Walk Indirect Expense	
7201 Postage Walk	
7202 Mailing Service Walk	250
7203 Express Mail Walk	175
7204 Shipping Services Walk	
7254 Printing Walk	
7255 Copying Walk	
7261 Video Duplication Walk	20
7263 Photography Walk	
7266 Signage Walk	500
7268 Walk Printing (Nat'L Only) Walk	2,600
7307 Rent Other Walk	
7335 Security Service Walk	
7350 General Officesupplies Walk	
7360 Equipment Rental / Leasing Walk	300
7413 Meetings Walk	100
7415 Staff Event Site/ Hotel Expense Walk	400
7416 Decorations/Entertain/Music Walk	200
7417 Staff Travel Related/Business Meals Walk	1,062
7418 Gratuities Walk	
7419 Staff Travel - Ground Transport + Car Rental Walk	200
7498 Business Meals Walk	200
7647 Other Fees-Online Walk	2,200
7669 Gifts Walk	
7691 Miscellaneous Walk	
Total	8,207
Total	56,207
Walk - Net Income	279,672

Notes:

Confidential Information. Do not distribute without permission.

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: JDRF International, Inc.

EQUIPMENT REQUESTED: Stage 24' x 40'

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 1 Street Miami, FL

NAME/TITLE OF THE EVENT: JDRF Walk to Cure Diabetes

ADDRESS OF EVENT: Zoo Miami

TODAY'S DATE: 04/01/15 **DATE (S) & TIME OF EVENT:** 04/11/15

SET-UP TIME & DAY: 04/10/15 10AM

TAKE-DOWN & DAY: 04/11/15 12PM

CONTACT PERSON/PHONE: Cathy Velez 954-903-9454
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:** $790.00 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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by FEI/EIN Number

Foreign Non Profit Corporation

JDRF INTERNATIONAL INCORPORATED

Filing Information

Document Number	833174
FEI/EIN Number	231907729
Date Filed	10/14/1974
State	PA
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	05/02/2012
Event Effective Date	NONE

Principal Address

26 BROADWAY
14 FLOOR
NEW YORK, NY 10004

Changed: 02/22/2010

Mailing Address

26 BROADWAY
14 FLOOR
NEW YORK, NY 10004

Changed: 02/22/2010

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name Changed: 05/28/2003

Address Changed: 05/28/2003

Officer/Director Detail

Name & Address

Title PCEO

RAPP, DEREK

26 BROADWAY-14TH FLOOR
NEW YORK, NY 10004

Title Chairman

BRADY, JOHN
26 BROADWAY
14 FLOOR
NEW YORK, NY 10004

Title VP

BOSTICK, GERRI
26 BROADWAY-14TH FLOOR
NEW YORK, NY 10004

Title CFOA

GREENE, MARK
2694 BIRCH AVE
EAST MEADOW, NY 11554

Annual Reports

Report Year	Filed Date
2013	01/31/2013
2014	01/14/2014
2015	01/14/2015

Document Images

01/14/2015 -- ANNUAL REPORT	View image in PDF format
01/14/2014 -- ANNUAL REPORT	View image in PDF format
01/31/2013 -- ANNUAL REPORT	View image in PDF format
05/02/2012 -- Name Change	View image in PDF format
01/04/2012 -- ANNUAL REPORT	View image in PDF format
01/04/2011 -- ANNUAL REPORT	View image in PDF format
02/22/2010 -- ANNUAL REPORT	View image in PDF format
01/20/2009 -- ANNUAL REPORT	View image in PDF format
05/06/2008 -- ANNUAL REPORT	View image in PDF format
02/22/2007 -- ANNUAL REPORT	View image in PDF format
02/07/2006 -- ANNUAL REPORT	View image in PDF format
01/18/2005 -- ANNUAL REPORT	View image in PDF format
03/15/2004 -- ANNUAL REPORT	View image in PDF format
05/28/2003 -- Reg. Agent Change	View image in PDF format
01/27/2003 -- ANNUAL REPORT	View image in PDF format
03/24/2002 -- ANNUAL REPORT	View image in PDF format
12/10/2001 -- Name Change	View image in PDF format

08/07/2001 -- ANNUAL REPORT	View image in PDF format
04/26/2000 -- ANNUAL REPORT	View image in PDF format
05/12/1999 -- ANNUAL REPORT	View image in PDF format
03/26/1998 -- ANNUAL REPORT	View image in PDF format
03/19/1997 -- ANNUAL REPORT	View image in PDF format
01/31/1996 -- ANNUAL REPORT	View image in PDF format
04/25/1995 -- ANNUAL REPORT	View image in PDF format

Copyright © and Privacy Policies
State of Florida, Department of State

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 JDRF International Incorporated South Florida Chapter, for their "JDRF Miami One Walk to Cure Diabetes" event held on April 11, 2015.

In-kind services have been requested in an amount not to exceed $790.00 from the Miami Dade Parks, Recreation and Open Spaces Department for the use of a 24' x 40' stage. This event will be funded from the balance of District 9 FY 2014-15 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01524