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

MEMORANDUM

Agenda Item No. 3(A)(7)

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 December 20, 2014 "Share a Meal to Help Turn the Tables on Child Hunger in America" event

Resolution No. R-666-15

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Chairman Jean Monestime.

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)(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)
9-1-15

RESOLUTION NO. R-666-15

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE DECEMBER 20, 2014 "SHARE A MEAL TO HELP TURN THE TABLES ON CHILD HUNGER IN AMERICA" EVENT SPONSORED BY JOSHUA'S HEART FOUNDATION, INC. IN THE AMOUNT OF $1,052.43 TO BE FUNDED FROM THE BALANCE OF DISTRICT 2 FY 2014-15 IN-KIND RESERVE FUND

WHEREAS, Joshua's Heart Foundation, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the December 20, 2014 "Share a Meal to Help Turn the Tables on Child Hunger in America" event in an amount of $1,052.43 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Share a Meal to Help Turn the Tables on Child Hunger in America" event is to benefit the underprivileged members of the community by hosting a neighborhood dinner for families in need; and

WHEREAS, the Joshua's Heart Foundation, Inc. is a not-for-profit organization; and

WHEREAS, the "Share a Meal to Help Turn the Tables on Child Hunger in America" is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $1,052.43 of the in-kind services shall be funded from the balance of the District 2 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 December 20, 2014 "Share a Meal to Help Turn the Tables on Child Hunger in America" event

sponsored by Joshua's Heart Foundation, Inc. in the amount of $1,052.43 to be funded from the balance of the District 2 FY 2014-15 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Chairman Jean Monestime. 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 _____

1. Full legal name of the requesting organization: Joshua's Heart Foundation, 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.):
   Claudia McLean
   305 401 4305
   Claudia@firstcareservices.com / info@joshuasheart.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Arcola Lakes Senior Center Banquet Hall

5. Name, date of event, description, and purpose of the event (If event is a fund-raiser, define the beneficiaries):
Share a meal event to Needy families
Dinner & grocery distribution to ~~200~~ 250
individuals that are low income.

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)):
Arcola ~~the~~ Lakes Senior Center
8401 NW 14th Avenue.
Miami, FL 33147

8. Description of regional or local impact: Feeding Needy families in
Dist 2

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
~~8am~~ 12/20 – 9am – 7pm
9–1pm Set up
2pm Families arrive, 3–6pm event 6–7 Clean up.

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

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

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): $1,500

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

Signature of Authorized Representative

12/11/14
Date

Form **W-9**
(Rev. August 2013)
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)
Joshua's Heart Foundation, Inc

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) ▶

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)
P.O Box 640342

Requester's name and address (optional)

City, state, and ZIP code
Miami, FL 33164

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
14-2012279

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 ▶ 12/11/14

General Instructions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

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, payments made to you in settlement of payment card and third party network transactions, 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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and 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 under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 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 section 1446 withholding on your share of partnership income.

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

JOSHUA'S HEART FOUNDATION, INC.

Filing Information

Document Number	N07000011409
FEI/EIN Number	142012279
Date Filed	11/21/2007
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	12/14/2009
Event Effective Date	NONE

Principal Address

2040 NE 163RD STREET
#303
N. MIAMI BEACH, FL 33162

Changed: 02/18/2011

Mailing Address

P.O BOX 640342
MIAMI, FL 33164

Changed: 12/14/2009

Registered Agent Name & Address

MCLEAN, CLAUDIA
P.O BOX 640342
MIAMI, FL 33164

Address Changed: 02/18/2011

Officer/Director Detail

Name & Address

Title VD

MCLEAN, CLAUDIA
P.O BOX 640342
MIAMI, FL 33164

Title TD

MCLEAN, LISIA
P.O BOX 640342
MIAMI, FL 33164

Title SD

GRAHAM, ZULA
P.O BOX 640342
MIAMI, FL 33164

Annual Reports

Report Year	Filed Date
2012	01/31/2012
2013	04/17/2013
2014	03/13/2014

Document Images

03/13/2014 -- ANNUAL REPORT	View image in PDF format
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01/31/2012 -- ANNUAL REPORT	View image in PDF format
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02/02/2010 -- ANNUAL REPORT	View image in PDF format
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11/21/2007 -- Domestic Non-Profit	View image in PDF format

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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 Joshua's Heart Foundation, Inc., for its "Share a Meal to Help Turn the Tables on Child Hunger in America" event held on December 20, 2014.

In-kind services have been requested in an amount not to exceed $1,052.43 from the Parks, Recreation and Open Spaces Department contributing towards their in-kind request. This event will be funded from the balance of District 2 FY 2014-15 In-Kind Reserve Funds.

Edward Marquez
Deputy Mayor

Inkind01505