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

MEMORANDUM

Agenda Item No. 3(A)(2)

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

DATE: November 3, 2015

FROM: Abigail Price-Williams County Attorney

SUBJECT: Resolution authorizing up to $5,000.00 cash allocation to the Miami Beach Bowl, LLC to be funded from the balance of the District 5 FY 2014-15 In-Kind Reserve Fund

Resolution No. R-958-15

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Bruno A. Barreiro.

Abigail Price-Williams
County Attorney

APW/smm

/

MEMORANDUM

(Revised)

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

DATE: November 3, 2015

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(2)

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**

_____ **Statement of social equity 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)(2)
11-3-15

RESOLUTION NO. R-958-15

RESOLUTION AUTHORIZING UP TO $5,000.00 CASH ALLOCATION TO THE MIAMI BEACH BOWL, LLC TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 5 FY 2014-15 IN-KIND RESERVE FUND

WHEREAS, the Miami Beach Bowl, LLC has requested a cash allocation for the "Miami Beach Bowl"; and

WHEREAS, the "Miami Beach Bowl" is a NCAA college football postseason game under the ownership of the American Athletic Conference; and

WHEREAS, the five day bowl week consists of events held throughout Miami-Dade County; and

WHEREAS, both teams invited to play in the "Miami Beach Bowl" are contracted to purchase 17,000 tickets which will result in an increase in visitors to Miami-Dade County and provide a significant economic impact to the area; and

WHEREAS, the "Miami Beach Bowl" event will be held on December 21, 2015, and $5,000.00 of the cash donation shall be funded from District 5 FY 2014-15 In-Kind Reserve funds,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes a $5,000.00 cash allocation to the Miami Beach Bowl, LLC for the December 21, 2015 "Miami Beach Bowl" to be funded from the balance of the District 5 FY 2014-15 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Bruno A. Barreiro. It was offered by Commissioner **Barbara J. Jordan**, who moved its adoption. The motion was seconded by Commissioner **Xavier L. Suarez** and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman **aye**
Esteban L. Bovo, Jr., Vice Chairman **aye**

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

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of November, 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 Bruno Barreiro

1. Full legal name of the requesting organization: Miami Beach Bowl

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.):
Blake Guthrie, Assistant Executive Director, 501 Marlins Way Miami, FL 33125 (o) 305-480-1573 (c) 305-328-9006 bguthrie@miamibeachbowl.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): The Miami Beach Bowl is requesting $5,000 from Miami-Dade county to offset the costs of police escorts for the teams ($15,000) and police and county services on game day ($15,000). The Miami Beach Bowl will provide the county with $5,000 in sponsorship inventory in return.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The Miami Beach Bowl is a second year post season, NCAA college football game under the ownership of the American Athletic Conference. The game will take place at Marlins Park on December 21st, and the five day bowl week schedule consists of events throughout the 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)): All Miami Beach Bowl events will take place within District 5. An event schedule with locations is attached.

8. Description of regional or local impact: Both teams, one from Conference USA and one from the American Athletic Conference, are contracted to buy 17,000 tickets, resulting in an increase in visitor room nights and tax money collected in a relatively slow week of the year.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): The bowl week schedule is attached

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Detailed event venue information for all Bowl related activities are included in the attached schedule of events.

11. Expected number of participants and estimated attendance (per day, if applicable): The Miami Beach Bowl anticipates 600 participants, 17,000 out of town visitors and 8,000 local attendees

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

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

Signature of Authorized Representative

8/20/15
Date

CASH EXPENSES		ACTUAL	IN KIND
PERSONNEL TOTAL (ADMINISTRATIVE + ARTISTIC + TECHNICAL)		300,000	
EXECUTIVE DIRECTOR	150000		
ASSISTANT EXECUTIVE DIRECTOR	110000		
HIRED SERVICES	40000		
OTHER ARTISTIC FEES		90,000	
MARKETING TOTAL (FEES + PRINT + DESIGN)		39,000	
FEES	25,000		
PRINT	10,000		
DESIGN	4,000		
ADVERTISING TOTAL (PRINT + DESIGN)		22,500	
PRINT	15,000		
DESIGN	7,500		
PUBLIC RELATIONS (FEES + PRESS MATERIALS)		20,000	
FEES	15,000		
PRESS MATERIALS	5,000		
POSTAGE/COURIER		2,500	
TRAVEL		28,000	
EQUIPMENT RENTAL/TEAM EXPENSES		250,000	30,000
SPACE RENTAL		395,000	
CITY SERVICES		20,000	
INSURANCE/GAME OPS COSTS		100,000	
SUPPLIES/MATERIALS			
OTHER EXPENSES (ITEMIZE BELOW):			
Audit/Fees/Credit/Dues		28,500	
Website/Logo		7,500	
Exec. Comm/Sponsor/Charitable Costs		25,000	
Officals/Team Payouts		745,000	

CASH REVENUE	SECURED	ANTICIPATED
ADMISSIONS	600,000	50,000
VENDORS		7,500
CONTRACTED SERVICES	356,000	
PRIVATE CONTRIBUTIONS		
CORPORATE SUPPORT	55,000	695,000
1. Title/National Sales		
2. Local Sponsors		
FEDERAL GRANTS		
1.		
2.		
STATE GRANTS		
1.		
2.		
LOCAL GRANTS		
1. City of Miami Beach monies		
2. Miami Dade TDC		10,000
3.		
FOUNDATION GRANTS		
1.		
2.		
OTHER REVENUES		
1. American Athletic Conference	259,500	
2.		
3.		
CASH ON HAND		
AMOUNT REQUESTED (MBVCA REQUEST)		40,000

Total Expenses:	**2,073,000**	30,000	**Total Revenues:**	1,270,500	802,500

Total Secured + Anticipated Revenues 2,073,000

Miami Beach Bowl Schedule of Events

Thursday, December 10:	*Team Announcement Press Conference, 12:00 pm* *Location: TBD*
Thursday, December 17:	*Beach Bowl Welcome Bash & BBQ, 4:30 - 7:00 pm* *Loews Miami Beach Hotel**
Friday, December 18:	*Miami Heat Game or TBD*
Saturday, December 19:	*Team Community Service Project, 10:00 am* *Location: TBD*
	Beach Bowl Battle of the Bands, Pep Rally *12:00 - 3:30 pm– Fan Activities* *3:30 - 5:30 pm– Band Battle* *Eden Roc Miami Beach*
	South Beach Soiree VIP Party, 8:00 - 11:00 pm *The SKYDECK**
Sunday, December 20:	*Marching Band Camp, TBD* *FIU*
	Lady's Day Sailing Excursion, 10:30 - 2:00 pm *Caribbean Spirit**
	Kid's Day Out, 10:00 - 2:30pm *Miami Children's Museum**
	Commissioner's Dinner, 7:00 pm *Location: TBD**
Monday, December 21:	*Miami Beach Bowl Fan Fest, 10:30 am - 2:30 pm* *Marlins Park West Plaza*
	Miami Beach Bowl, 2:30 pm *Marlins Park**
	Post–Game Party *Marlins Park, Clevelander*

** = Invite or ticket needed for entry*

Application for Allocation of
Community-based Organization (CBO) District Discretionary Reserve and Office Funds

(Application must include completed W-9 Form attached)

8/18/2015 — Date

5 — Commission District

46-4681524 — Organization Tax ID:

Miami Beach Bowl, LLC

Legal Name of Recipient Organization or Name of County Department

2015 Miami Beach Bowl Police Escorts + County Services

Program to be funded/reason for funding support

Amount Requested $ 5,000

Organization Information:

Contact Person(s): Blake Guthrie

Telephone Number(s): 305-323-9006 Fax Number: _____

Address: 501 Marlins Way

City: Miami Zip Code: 33125

e-mail address (if available): bguthrie@miamibeachbowl.com

Event Date or Date Work is scheduled for completion: December 21, 2015

By the acceptance of these Discretionary Reserve/Office funds, the recipient organization agrees to provide the services described on this allocation application form. The recipient organization states that it has read the conditions and terms on the back of this form and agrees to comply with these.

Attest: _____
Recipient Organization Secretary

By: _____ Carlos Padilla, II 8/18/2015
Signature of President or Vice President — Type or Print Name — Date

Attest: Miami Beach Bowl (SEAL)
Recipient Organization

Amount Allocated $ _____ at the _____ BCC Meeting

_____ Commissioner's Signature and Approval

_____ Date Approved

Attest: Harvey Ruvin, Clerk

Miami-Dade County, Florida

By: _____
Deputy Clerk

Circle One: Hold Check for pick-up Mail Check to Organization

Special Instructions: _____

For Finance Department Use

Date Received by Finance: _____ Check No. Issued: _____ Date Issued: _____

All checks are to be picked up by Barbara Galvez, OSBM Budget Analyst (305) 375-5302.

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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)
MIAMI BEACH BOWL, LLC

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.)
15 Park Row West, 3rd Floor

Requester's name and address (optional)

City, state, and ZIP code
Providence, RI 02903

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
4 6 - 4 6 8 1 5 2 4

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 ▶ 10. 7. 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.

Memorandum

MIAMI-DADE COUNTY

Date: November 3, 2015

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

From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A cash allocation for in-kind services is being requested by the Miami Beach Bowl, LLC, for the "Miami Beach Bowl," which will be held on December 21, 2015.

In-kind services have been requested through a cash allocation up to an amount not to exceed $5,000.00 for the event. This event will be funded from the balance of District 5 FY 2014-15 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01541