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

MEMORANDUM

Agenda Item No. 3(A)(1)

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

DATE: October 5, 2016

FROM: Abigail Price-Williams County Attorney

SUBJECT: Resolution retroactively authorizing in-kind services from the Parks, Recreation and Open Spaces Department for the September 24, 2016 "Sickle Cell 5K Run/Walk" event sponsored by Sickle Cell Disease Association of America – Miami-Dade County Chapter, Inc. in an amount not to exceed $900.00 to be funded from the balance of the District 8 FY 2015-16 In-Kind Reserve Fund

Resolution No. R-860-16

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Daniella Levine Cava.

Abigail Price-Williams
County Attorney

APW/smm

MEMORANDUM

(Revised)

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

DATE: October 5, 2016

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(1)

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)(1)
10-5-16

RESOLUTION NO. R-860-16

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE SEPTEMBER 24, 2016 "SICKLE CELL 5K RUN/WALK" EVENT SPONSORED BY SICKLE CELL DISEASE ASSOCIATION OF AMERICA – MIAMI-DADE COUNTY CHAPTER, INC. IN AN AMOUNT NOT TO EXCEED $900.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 8 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, Sickle Cell Disease Association of America – Miami-Dade County Chapter, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the September 24, 2016 "Sickle Cell 5K Run/Walk" event in an amount not to exceed $900.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Sickle Cell 5K Run/Walk" event educates the community about sickle cell disease, and raises funds to support research and provide assistance to individuals and families with sickle cell disease; and

WHEREAS, Sickle Cell Disease Association of America – Miami-Dade County Chapter, Inc. is a not-for-profit organization; and

WHEREAS, the "Sickle Cell 5K Run/Walk" is a district event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $900.00 of the in-kind services shall be funded from the balance of the District 8 FY 2015-16 In-Kind Reserve funds,

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 September 24, 2016 "Sickle Cell 5K Run/Walk" event sponsored by Sickle Cell Disease Association of America – Miami-Dade County Chapter, Inc. in an amount not to exceed $900.00 to be funded from the balance of the District 8 FY 2015-16 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Daniella Levine Cava. It was offered by Commissioner **Xavier L. Suarez**, who moved its adoption. The motion was seconded by Commissioner **José "Pepe" Diaz** 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	**aye**	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 5th day of October, 2016. 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.

Daija Page Lifshitz

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:

Office of Management and Budget
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):

- [x] 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 Daniella Cava

1. Full legal name of the requesting organization: Sickle Cell Disease Association of America, Miami-Dade Chapte

2. Applicant Status: (Select one of the choices below)
   - [x] 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.):
   Harold Ford
   22225 SW 112th Place, Miami, Florida 33170
   786.253.9400 - info@sickecellmiami.org

4. Specify fee waiver or in-kind service requested (quantity, if applicable): Use of the Show Mobile during the Sickle Cell 5000 Run/Walk Event
   Medium Show Mobile - $900 In Kind
   D. Cava District 8
   $500 to be paid by Sickle Cell Association

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Sickle Cell 5000 Run/Walk is a fundraising and community awareness event to support children living with sickle cell. The beneficiary is the Sickle Cell Disease Association of America, Miami-Dade County Chapter.

September 24, 2016, from 7:00 am - 12:00 pm

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)): Commission District 9

Mayor Roscoe Warren Municipal Park

1400 E. Palm Drive

Homestead, FL 33035

8. Description of regional or local impact:

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

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): _____

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

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

Signature of Authorized Representative

July 29, 2016
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: Sickle Cell Foundation

EQUIPMENT REQUESTED: Showmobile Medium

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Daniella Cava, Commissioner District #8

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Suite

NAME/TITLE OF THE EVENT: Sickle Cell Walk 5k Run/Walk

ADDRESS OF EVENT: 1400 E palm Drive Homestead, FL

TODAY'S DATE: 08/02/16

DATE (S) & TIME OF EVENT: 09/24/16

SET-UP TIME & DAY: 6AM 09/24/16

TAKE-DOWN & DAY: 1PM 09/24/16

CONTACT PERSON/PHONE: Harold Ford 786-253-9400

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: $900.00 In-kind District #8

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: Commissioner Daniella Cava

Agency/Group: Commission District #8

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 Entity Name

Florida Not For Profit Corporation

SICKLE CELL DISEASE ASSOCIATION OF AMERICA - MIAMI-DADE COUNTY CHAPTER, INC.

Filing Information

Document Number	743434
FEI/EIN Number	59-2685954
Date Filed	06/29/1978
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	08/20/2001
Event Effective Date	NONE

Principal Address

1601 NW 12TH AVENUE
3036A
MIAMI, FL 33136

Changed: 01/03/2011

Mailing Address

1601 NW 12TH AVENUE
3036A
MIAMI, FL 33136

Changed: 01/03/2012

Registered Agent Name & Address

MACK, ASTRID K.
503 SW 146 TERRACE
PEMBROKE PINES, FL 33027

Name Changed: 04/10/1985

Address Changed: 01/03/2011

Officer/Director Detail

Name & Address

Title P

ARENAS, J.A. CHICO

9630 JOHNSON STREET
HOLLYWOOD, FL 33025

Title TD

FFRENCH, HOWARD
8203 SOUTH PALM DRIVE, APT. 212
PEMBROKE PINES, FL 33025

Title Ex. D. Emeritus

MACK, ASTRID K
503 SW 146 TERRACE
PEMBROKE PINES, FL 33027

Title S

Berry, Mildred
1190 NW 88TH STREET
MIAMI, FL 33150

Title Ex. D.

HAROLD FORD
22225 SW 112TH PLACE
MIAMI, FL 33170

Annual Reports

Report Year	Filed Date
2014	02/24/2014
2015	02/20/2015
2016	04/14/2016

Document Images

04/14/2016 -- ANNUAL REPORT	View image in PDF format
02/20/2015 -- ANNUAL REPORT	View image in PDF format
02/24/2014 -- ANNUAL REPORT	View image in PDF format
03/18/2013 -- ANNUAL REPORT	View image in PDF format
01/03/2012 -- ANNUAL REPORT	View image in PDF format
01/03/2011 -- ANNUAL REPORT	View image in PDF format
01/04/2010 -- ANNUAL REPORT	View image in PDF format
03/19/2009 -- ANNUAL REPORT	View image in PDF format
04/28/2008 -- ANNUAL REPORT	View image in PDF format
04/30/2007 -- ANNUAL REPORT	View image in PDF format
04/26/2006 -- ANNUAL REPORT	View image in PDF format
05/12/2005 -- ANNUAL REPORT	View image in PDF format
05/03/2004 -- ANNUAL REPORT	View image in PDF format

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.

2 Business name/disregarded entity name, if different from above
Sickle Cell Disease Association of America, Miami-Dade County Chapter

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)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
1601 NW 12th Avenue, Suite 3036A

Requester's name and address (optional)
Harold Ford, Exec. Dir.
22225 SW 112th PL
Miami, Florida 33136

6 City, state, and ZIP code
Miami, Florida 33136

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
5 9 – 2 6 8 5 9 5 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 ▶

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.

Memorandum

MIAMI-DADE COUNTY

Date: October 5, 2016

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

From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A waiver for in-kind services has been requested by Sickle Cell Disease Association of America – Miami-Dade County Chapter, Inc. for the "Sickle Cell 5K Run/Walk" event held on September 24, 2016.

In-kind services have been requested in an amount not to exceed $900.00 from the Parks, Recreation, and Open Spaces Department contributing towards the utilization of one medium showmobile. This event will be funded from the balance of District 8 FY 2015-16 In-Kind Reserve Funds.

Edward Marquez
Deputy Mayor

Inkind01641