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

MEMORANDUM

Agenda Item No. 11(A)(10)

TO:	Honorable Vice Chairwoman Audrey M. Edmonson and Members, Board of County Commissioners	**DATE:**	December 4, 2012
FROM:	R. A. Cuevas, Jr. County Attorney	**SUBJECT:**	Resolution declaring one 1990 Pierce Fire Truck surplus; authorizing its donation to Mahi Shriners and authorizing the County Mayor to execute a community based organization agreement

Resolution No. R-1054-12

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Lynda Bell.

R. A. Cuevas, Jr.
County Attorney

RAC/lmp

MEMORANDUM
(Revised)

TO: Honorable Vice Chairwoman Audrey M. Edmonson and Members, Board of County Commissioners

DATE: December 4, 2012

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

SUBJECT: Agenda Item No. 11(A)(10)

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 Manager'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. 11(A)(10)
12-4-12

RESOLUTION NO. R-1054-12

RESOLUTION DECLARING ONE 1990 PIERCE FIRE TRUCK SURPLUS; AUTHORIZING ITS DONATION TO MAHI SHRINERS AND AUTHORIZING THE COUNTY MAYOR OR THE MAYOR'S DESIGNEE TO EXECUTE A COMMUNITY BASED ORGANIZATION AGREEMENT AND EXERCISE ANY AND ALL OTHER RIGHTS CONFERRED THEREIN

WHEREAS, the vehicle described below is owned by Miami-Dade County; and

WHEREAS, the vehicle is obsolete, and its continued usage by Miami-Dade County is uneconomical and inefficient and the vehicle serves no useful purpose; and

WHEREAS, Mahi Shriners (the "Donee") desires to use the vehicle only within Miami-Dade County to enhance its ability to provide services to its constituents; and

WHEREAS, the Donee is a private not-for-profit organization as defined in Section 273.01(3) of the Florida Statutes, and is exempt from Federal Income Taxation by virtue of Section 501 of the Internal Revenue Code; and

WHEREAS, the Donee is an eligible community-based organization, as defined in Section 2-11.2.1 of the Code of Miami-Dade County; and

WHEREAS, Miami-Dade County Internal Services Department has complied with the requirements of Section 2-11.2.1, by offering the vehicle to other Miami-Dade County Agencies, none of which accepted the vehicle; and

WHEREAS, the vehicle is eligible for donation under Section 274.05 of the Florida Statutes, and Section 2-11.2.1 of the Code of Miami-Dade County,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that:

Section 1. This Board declares the following vehicle, with the listed residual value and other characteristics, to be surplus pursuant to Section 274.05 of the Florida Statutes, and Section 2-11.2.1 of the Code of Miami-Dade County:

Item	I.D. No.	Condition	Mileage	Est. Value
DC#21-0174 1990 Pierce Truck	4P1CT02DXLA000453	Fair	142,515	$4,500.00

Section 2. This Board authorizes donation of the vehicle to the Donee, and authorizes the County Mayor or the Mayor's designee to execute a community based organization agreement and exercise any and all other rights conferred therein. The Donee shall take possession of the vehicle within sixty (60) days of the effective date of this resolution and shall promptly cause title to said vehicle to be transferred to Donee. Donee shall be responsible for any and all costs of transferring the vehicle. The County Mayor or Mayor's designee shall and is hereby authorized to take any and all actions necessary to effectuate the intent of this resolution.

Section 3. If, for any reason, the Donee fails to take possession of the vehicle within sixty (60) days of the effective date of this resolution and or fails to transfer title, then this resolution shall be null and void, and the ownership rights to the vehicles shall remain with the County.

The Prime Sponsor of the foregoing resolution is Commissioner Lynda Bell. It was offered by Commissioner **Sally A. Heyman**, who moved its adoption. The motion was seconded by Commissioner **Audrey Edmonson** and upon being put to a vote, the vote was as follows:

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

The Chairperson thereupon declared the resolution duly passed and adopted this 4th day of December, 2012. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this 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.

Monica Rizo

Attachment A

MIAMI-DADE COUNTY
SURPLUS PROPERTY ALLOCATION APPLICATION

COUNTY SURPLUS PROPERTY ALLOCATIONS 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:

Internal Services Department-Fixed Assets Manager
2225 N. W. 72 Ave
Miami, FL 33122
Phone: (305) 592-3752
Fax: (305) 592-3616

1. Full legal name of the requesting organization: MAHI SHRINERS

2. Applicant Status: (Select one of the choices below)

   ☑ Not-For-Profit or Tax Exempt
   ☐ Local Government or Public Entity
   ☐ For-Profit
   ☐ Other (specify): _____

**If Not-For-Profit or Tax Exempt, please attach a copy of Internal Revenue Service 501C3 certification.

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): 305-238-2895
   ALVIN SIEGEL 15335 SW 85 AVE PALMETTO BAY 33157

4. Specify the surplus property requested (quantify, if applicable): FIRE TRUCK

5. Specify the purpose for which the surplus property will be used: FOR PARADES WITH SIGNS INFORMING THE PUBLIC THAT WE CAN TAKE CARE OF ALL HANDICAPPED CHILDREN AND FIRE BURNED CHILDREN UNDER THE AGE OF 18 FREE OF CHARGE ALSO TO ENTERTAIN PATIENTS BY GIVING THEM RIDES ON FIRE TRUCK AND DUNE BUGGIES

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

Alvin Siegel Past Potentate MAHI SHRINERS
Signature of Authorized Representative

JUN 25 2012
Date

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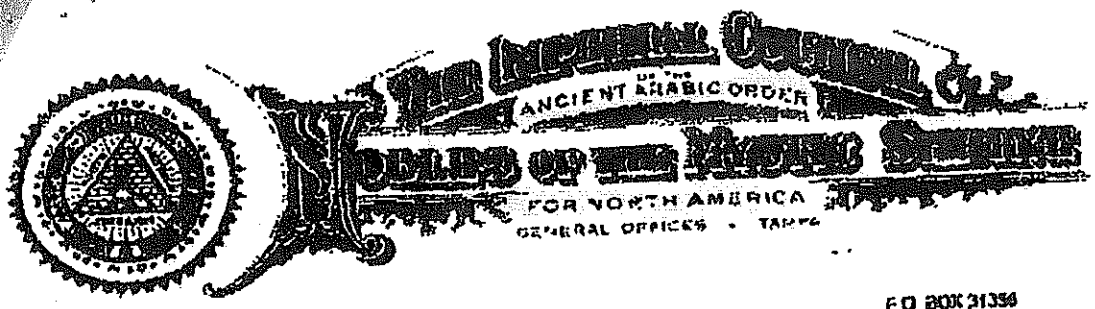
DEAR COMMISSONER,
THE MAHI SHRINERS USE A 55 YEAR OLD FIRE TRUCK FOR PARADES AND FOR GIVING RIDES ON HOLIDAY PARTIES TO OUR HANDICAPPED CHILDREN. AS YOU KNOW WE OFFER FREE TREATMENT BOTH IN OUR HOSPITALS OR AS OUT PATIENTS. WE OFFER THIS TREATMENT TO ANY CHILD UNDER 18 YEARS OF AGE REGARDLESS OF RACE, COLOR OR RELIGION TO ONE OF OUR 22 HANDICAPPED HOSPITALS.
WE NOW HAVE A PROPLEM WITH OUR 55 YEAR OLD FIRETRUCK DONATED TO US BY THE CITY OF CORAL GABLES, ALMOST UNSAFE TO USE. AND FALLING APART.

WE HAVE SPOKEN TO THE FIRE CHIEF ABOUT REQUESTING A DONATION OF A SURPLUS OR OUTDATED FIRETRUCK. HE WOULD BE IN FAVOR OF THIS HOWEVER HE WOULD REUIRE A PROCLAIMATION FROM THE COUNTY COMMISSION.

WE THEREFOR ARE SOLICTING YOUR HELP IN RECEIVING THIS AND/OR WHAT EVER IT TAKES TO RECEIVE A FIRETRUCK UNFORTUNATLY NO CASH IS AVAILBLE TO PURCHASE ONE.

WE HAVE 22 HOSPITALS, ONE HERE IN TAMPA COSTING US 2 MILLION DOLLARS A DAY TO MAINTAIN.PLEASE NOTE THAT IN PARADES A BANNER IS PLACED ON THE FIRETRUCK ASKING THE PUBLIC IF THEY KNOW OF ANY HANDICAPED CHILD THAT NEEDS HELP TO CALL US.

IF YOU CAN SEE YOUR WAY CLEAR TO BRING THIS MATTER BEFORE THE COMMISSION IT WOULD BE GREATLY APPPRECIATED. THANK YOU FOR YOUR TIME



THE IMPERIAL COUNCIL OF THE ANCIENT ARABIC ORDER
NOBLES OF THE MYSTIC SHRINE
FOR NORTH AMERICA
GENERAL OFFICES • TAMPA

ROBERT M. PHILLIPS
DIRECTOR OF TEMPLE ACCOUNTING

P O BOX 31356
TAMPA, FLORIDA 33631-3356
Area Code (813) 281-0300
Fax (813) 281-8480
bphillips@shrinepet.org

February 9, 2007

To Whom It May Concern:

Mahi Shriners, an Internal Revenue Code section 501(c)(10) fraternal organization, whose taxpayer identification number is 59-0341750, maintains a Shrine patient care program that includes transportation to our hospitals and local related expenses. Donations of goods and financial gifts are used exclusively for charitable purposes in accordance with Internal Revenue Code section 170(c)(4) for the benefit of Shriners Hospitals for Children, Internal Revenue Code section 501(c)(3) corporation whose taxpayer identification number is 36-2193608.

As you may be aware, Shriners provide hospital and medical care to children without a charge. We certainly appreciate your efforts in providing financial support for our hospital programs. The real beneficiaries of your efforts will be the children in our hospitals.

Yours truly,

Robert M Phillips

Robert M. Phillips

RMP:kep

c: Richard E. Lynn, P. P., Recorder Mahi Shriners

Community Based Organization Donation Agreement

This agreement is entered into between Miami-Dade County (hereafter "County") and Mahi Shriners (hereafter "Donee") as follows:

For and in Consideration of the County donating one 1990 Pierce Fire Truck to Donee, and Donee agreeing to the use and as described herein:
DC#21-0174 1990 Pierce Truck VIN# 4P1CT02DXLA000453, AS IS,

Donee certifies that it is a not-for-profit agency, group, organization, society, association, corporation, partnership or individual that provides a community service designed to improve or enhance the well-being of the community of Miami-Dade County at large or to improve or enhance the well-being of certain individuals within this community that have special needs.

Donee agrees that it shall predominantly utilize the donated surplus property for the intended use specified in section no. 5 of the "Surplus Property Allocation Application", attached hereto. (Attachment A) Moreover, this Community Based Organization (CBO) shall not resell or otherwise dispose of or transfer such property without prior County approval for a period of not less than three (3) years from the date of receipt of the surplus property. This three (3) year requirement may be waived administratively by the Mayor or designee upon showing that it is in the best interest of Miami Dade County. Upon the disposal of such property, Donee agrees to notify Miami Dade County. Upon the failure of the Donee to use the property as set forth in the "Surplus Property Allocation Application", or upon the Donee's attempt to dispose of or transfer the property prior to the expiration of the three (3) year period set forth herein, title to the surplus property shall immediately revert to the County and Donee shall immediately return possession of the property to the County.

The Donee agrees that it shall indemnify and hold harmless Miami Dade County, and its officers, employees, agents and instrumentalities et.al. from any and all liability, losses or damages, including attorney's fees and costs of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the transfer of ownership, maintenance or use of the donated property or by subsequent acts by the Donee, its agents, employees, et.al., and/or the performance of this Agreement by the Donee or its employees, agents, servants, partners, principals. The Donee shall pay all claims and losses in connection therewith, and shall investigate and defend all claims, suits or actions of any kind or nature in the name of the County, where applicable, including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon.

Community Based Organization Donation Agreement

"According to section 2-1076 of the Code of Miami-Dade County, Florida, Miami-Dade County has established the Office of the Inspector General which may, on a random basis, perform audits, inspections, and reviews of all County contracts. This audit is separate and apart from any other audit by the County."

MAHI SHRINERS
Name of CBO

By: John W Borsa Date: 8/16/12

JOHN W. BORSA JR.
Printed Name

BUSINESS MGR / RECORDER
Title

Miami-Dade County

By:_____ Date:_____

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: Shriners International

Doing Business As: Mahi Shriners

Number and street (or P.O. box if mail is not delivered to street address): 1480 NW North River Dr | Room/suite:

City or town, state or country, and ZIP + 4: Miami, FL 33125

D Employer identification number: 59-0341750

E Telephone number: 305-325-0411

G Gross receipts $ 459,003

F Name and address of principal officer: Alvaro Lourido, Potenate, same as C above

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☑ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: ☐ 501(c)(3) ☑ 501(c) (10) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

H(c) Group exemption number ▶ 0229

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☑ Other ▶ Uncor Assn | L Year of formation: 1974 | M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: Fraternity with a philanthropic mission

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	7
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	66
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	198,956	88,390
	9	Program service revenue (Part VIII, line 2g)	149,880	328,530
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,526	5,630
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	303,610	36,453
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	662,972	459,003
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	78,769	63,559
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	488,948	418,335
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	567,717	494,248
	19	Revenue less expenses. Subtract line 18 from line 12	95,255	(35,245)

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	408,222	486,126
	21	Total liabilities (Part X, line 26)	9,002	190,448
	22	Net assets or fund balances. Subtract line 21 from line 20	399,220	295,678

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer | Date 6/29/12

▶ JOHN W BORSH JR RECORDER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☑ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2011)

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1-800-HELP-FLA (435-7352)
www.800helpfla.com
www.freshfromflorida.com

DIVISION OF CONSUMER SERVICES
2005 APALACHEE PKWY
TALLAHASSEE FL 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

August 10, 2012 **Refer To: CH36998**

MAHI SHRINERS INTERNATIONAL
1480 NW NORTH RIVER DR
MIAMI, FL 33125-2602

RE: MAHI SHRINERS INTERNATIONAL
REGISTRATION#: CH36998
EXPIRATION DATE: August 10, 2013

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 60 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Karena Jackson

Karena Jackson
Regulatory Consultant
850-410-3698
Fax: 850-410-3804
E-mail: karena.jackson@freshfromflorida.com

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