

MEMORANDUM

Agenda Item No. 3(A)(4)

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

DATE: February 19, 2020

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution authorizing
in-kind services from the
Parks, Recreation and Open
Spaces Department for the
February 29, 2020 "Kick Cystic
Fibrosis Celebrity Kickball
Event" sponsored by the Cure
Cystic Fibrosis Miami
Foundation, Inc. in an amount
of \$790.00 to be funded from
the balance of the District 8
FY 2019-20 In-Kind Reserve

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 Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

DATE: February 19, 2020

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(4)

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 present ____, 2/3 membership ____, 3/5's ____, unanimous ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3)(h) or (4)(c) ____, or CDMP 9 vote requirement per 2-116.1(4)(c)(2) ____) 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)(4)
2-19-20

RESOLUTION NO. _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE FEBRUARY 29, 2020 “KICK CYSTIC FIBROSIS CELEBRITY KICKBALL EVENT” SPONSORED BY THE CURE CYSTIC FIBROSIS MIAMI FOUNDATION, INC. IN AN AMOUNT OF \$790.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 8 FY 2019-20 IN-KIND RESERVE

WHEREAS, the Cure Cystic Fibrosis Miami Foundation, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the February 29, 2020 “Kick Cystic Fibrosis Celebrity Kickball Event” in an amount of \$790.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the Cure Cystic Fibrosis Miami Foundation, Inc. is a not-for-profit organization; and

WHEREAS, the “Kick Cystic Fibrosis Celebrity Kickball Event” is a family-friendly kickball tournament, which will benefit the Cure Cystic Fibrosis Miami Foundation, Inc.; and

WHEREAS, the “Kick Cystic Fibrosis Celebrity Kickball Event” is a small 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 8 FY 2019-20 In-Kind Reserve,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the February 29, 2020

“Kick Cystic Fibrosis Celebrity Kickball Event” sponsored by the Cure Cystic Fibrosis Miami Foundation, Inc. in an amount of \$790.00 to be funded from the balance of the District 8 FY 2019-20 In-Kind Reserve.

The Prime Sponsor of the foregoing resolution is Commissioner Daniella Levine Cava. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

- | | |
|--------------------------------|----------------------|
| Audrey M. Edmonson, Chairwoman | |
| Rebeca Sosa, Vice Chairwoman | |
| Esteban L. Bovo, Jr. | Daniella Levine Cava |
| Jose “Pepe” Diaz | Sally A. Heyman |
| Eileen Higgins | Barbara J. Jordan |
| Joe A. Martinez | Jean Monestime |
| Dennis C. Moss | Sen. Javier D. Souto |
| Xavier L. Suarez | |

The Chairperson thereupon declared this resolution duly passed and adopted this 19th day of February, 2020. 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: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

RC

Ryan Carlin

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/Applicallon (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 Daniella Levine-Cava

1. Full legal name of the requesting organization: Cure Cystic Fibrosis Miami Foundation

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.): _____

Jerry Socherman Jerry@curecfmiami.org

13250 SW 74 Ave 786-255-0363

Pinecrest, FL 33156

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Stage - 24' x 40'

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): February 29, 2020
Kick CF with Bryant McKinnie and Friends Celebrty Kickball Tournamnet to benefit the
Cystic Fibrosis Foundation.
Kick CF is a family friendly multi-team kickball tournament at Palmetto Bay Park.

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)): District 8
Palmetto Bay Park - 17535 SW 95 Ave, Palmetto Bay

8. Description of regional or local impact:

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

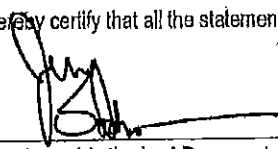
MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 3

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

December 18, 2019

Date



**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 226-8315 Ext. 5/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Cystic Fibrosis Cure Foundation

EQUIPMENT REQUESTED: Stage 24' x 40'

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

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): _____

BILLING ADDRESS/ZIP CODE: 10710 SW 211th Street Suite 103 Miami, FL 33189

NAME/TITLE OF THE EVENT: Kick Cystic Fibrosis Foundation

ADDRESS OF EVENT: 17535 SW 95 Ave

TODAY'S DATE: 12/23/19 DATE (S) & TIME OF EVENT: 02/29/20 9am - 8pm

SET-UP TIME & DAY: 02/29/20 8am

TAKE-DOWN & DAY: 02/29/20 9:30pm

CONTACT PERSON/PHONE: Jerry Socherman 786-255-0363

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 also understand that the total fee is to be remitted (15) fifteen working days before the event.

*Fee: \$790.00 In-kind District #8

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: _____

Daniella Levine Cava

Commissioner Daniella L. 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**

1/2 (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) 236-7928

**Request for Taxpayer
 Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Cure Cystic Fibrosis Miami Foundation

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its 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.) See instructions.
PO Box 560459

6 City, state, and ZIP code
Miami, FL 33256

7 List account number(s) here (optional)

Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-					
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or

Employer identification number

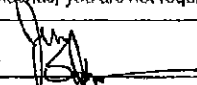
8	2	-	3	5	5	5	8	0	0
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here Signature of U.S. person ▶ 

Date ▶ **12/18/19**

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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, later.

Detail by Entity Name

Florida Not For Profit Corporation
CURE CYSTIC FIBROSIS MIAMI FOUNDATION, INC

Filing Information

Document Number N18000002254
FE/EIN Number 82-3555800
Date Filed 02/27/2018
State FL
Status ACTIVE

Principal Address

13250 SW 74 AVE
PINECREST, FL 33156

Changed: 04/30/2019

Mailing Address

PO BOX 560459
MIAMI, FL 33256

Changed: 04/30/2019

Registered Agent Name & Address

SOCHERMAN, JERRY
13250 SW 74 AVE
PINECREST, FL 33156

Officer/Director Detail

Name & Address

Title P

SOCHERMAN, JERRY
13250 SW 74 AVE
PINECREST, FL 33156

Title VP

BINKER, BONNEE
13725 SW 74 CT
PALMETTO BAY, FL 33158

Annual Reports

Report Year	Filed Date
2019	04/30/2019

Document Images

04/30/2019 -- ANNUAL REPORT	View Image in PDF format
02/27/2018 -- Domestic Non-Profit	View image in PDF format

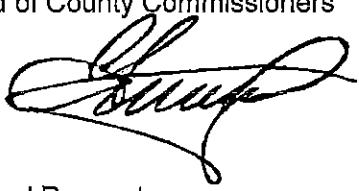
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Memorandum



Date: February 19, 2020

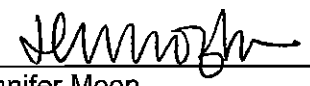
To: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: District Specific In-Kind Request

A waiver for in-kind services has been requested by the Cure Cystic Fibrosis Miami Foundation, Inc. for its "Kick Cystic Fibrosis Celebrity Kickball Event" to be held on February 29, 2020.

In-kind services have been requested in an amount not to exceed \$790.00 from the 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 8 FY 2019-20 In-Kind Reserve Fund.



Jennifer Moon
Deputy Mayor

Inkind01945