MEMORANDUM

Agenda Item No. 3(A)(3)

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

DATE: January 22, 2020

FROM: Abigail Price-Williams County Attorney

SUBJECT: Resolution retroactively authorizing in-kind services from the Miami-Dade Police Department for the July 20, 2019 "Goulds Reunion" sponsored by Heal "A" Heart, Inc. in the amount of $3,092.50 to be funded from the balance of the District 9 FY 2019-20 In-Kind Reserve

Resolution No. R-3-20

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.

Abigail Price-Williams
County Attorney

APW/smm

MEMORANDUM

(Revised)

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

DATE: January 22, 2020

FROM: Abigail Price-Williams
County Attorney

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

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)(3)
1-22-20

RESOLUTION NO. R-3-20

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT FOR THE JULY 20, 2019 "GOULDS REUNION" SPONSORED BY HEAL "A" HEART, INC. IN THE AMOUNT OF $3,092.50 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2019-20 IN-KIND RESERVE

WHEREAS, Heal "A" Heart, Inc. has requested in-kind services from the Miami-Dade Police Department for the July 20, 2019 "Goulds Reunion" event in an amount of $3,092.50 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, Heal "A" Heart, Inc. is a not-for-profit organization; and

WHEREAS, the purpose of the "Goulds Reunion" is to promote peace and educate the community regarding the prevention of crime and violence; and

WHEREAS, the "Goulds Reunion" also provides family entertainment to the community; and

WHEREAS, the "Goulds Reunion" is a district event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $3,092.50 of the in-kind services shall be funded from the balance of the District 9 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 retroactively authorizes in-kind services from the Miami-Dade Police Department for the July 20, 2019 "Goulds Reunion" sponsored by Heal "A" Heart, Inc., in an amount of $3,092.50 to be funded from the balance of the District 9 FY 2019-20 In-Kind Reserve.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner **Rebeca Sosa**, who moved its adoption. The motion was seconded by Commissioner **Esteban L. Bovo, Jr.** and upon being put to a vote, the vote was as follows:

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

The Chairperson thereupon declared this resolution duly passed and adopted this 22nd day of January, 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: **Linda L. Cave**
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency. RC

Ryan Carlin

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):

- [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 Moss

1. Full legal name of the requesting organization: Heal-a-Healt INC.

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.): TWalker@dadeschools.net
   Chanwon Florence
   26090 SW 132th Place
   Homestead, Fl. 33032
   786-203-4795

   Tracy Walker
   11421 SW 225st
   Miami, Fl. 33170
   305-992-9164

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Making request for police protection

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Goulds Reunion
July 20th 2019 We the Community of Goulds are Making an effort to have a family fun Day, We have put together plans for residents and children who live in the Community. Everything is Donated.

6. Please select ALL that apply to event:

	Economic Development: Event supports vitality or growth of the local economy
X	Youth/Education: Event benefits youth of any age and/or offers educational benefits
X	Health and Social Services: Event supports health-related causes and/or social programs or institutions that improve quality of life within the community
X	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)): Goulds Park
11350 SW 216th St. Miami, Fl. 33170

8. Description of regional or local impact: The impact of this Reunion is to show our Youth as a Unit we can work together and help with the Crime in our area. Learn to respect each other and put the guns down.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Set-up time 10:30am. Event time 12pm - 10:00pm Break down 5:00pm.

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

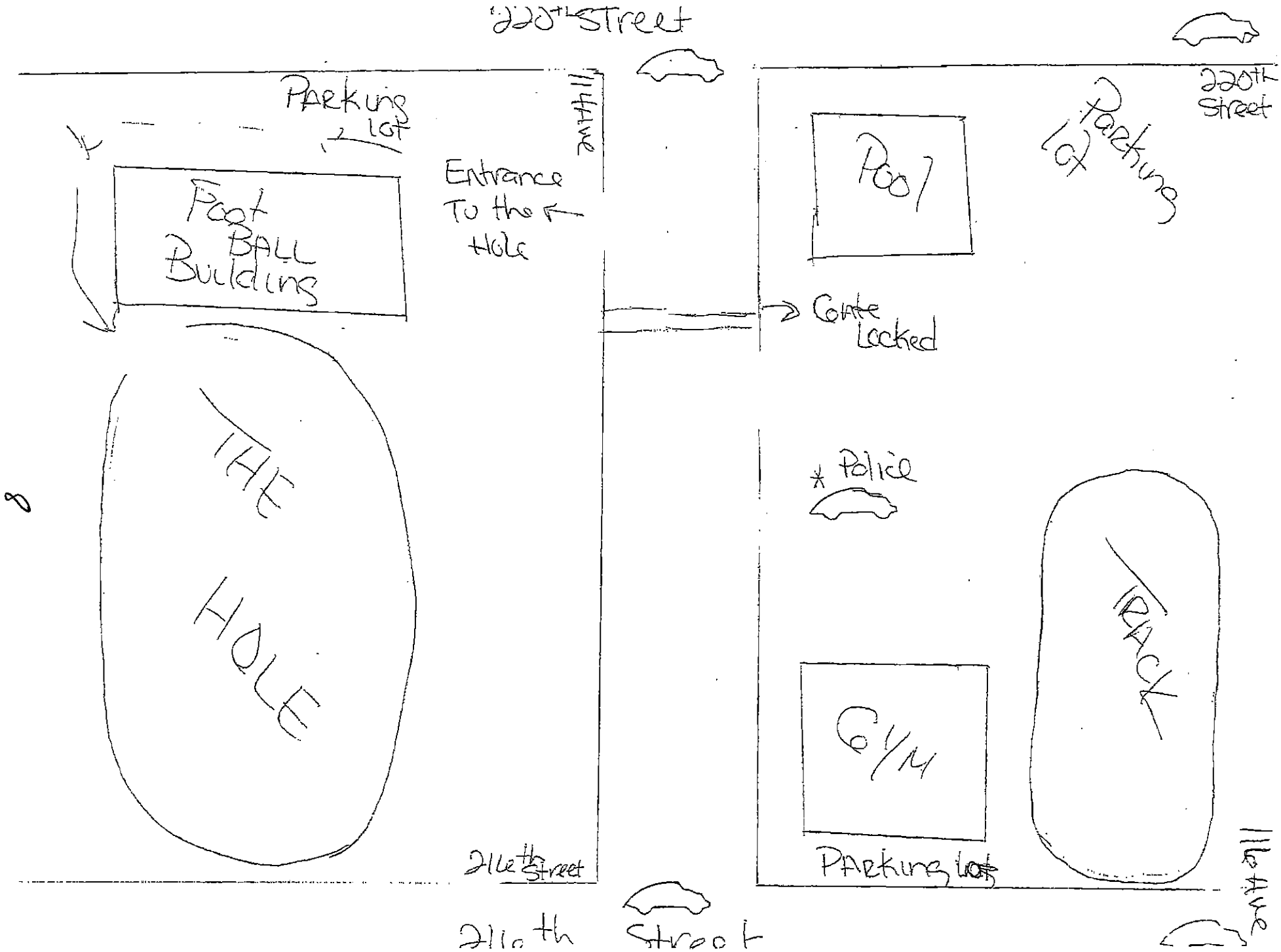
11. Expected number of participants and estimated attendance (per day, if applicable): 300 - 500 people

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

7/1/19
Date


220th Street
Parking lot
11th Ave
Entrance To the Hole
Foot BALL Buildings
THE HOLE
Pool
Parking lot
Gate Locked
* Police
TRACK
G/M
Parking lot
211th Street
211th Street
11th Ave

Miami Dade Police Department
OFF-REGULAR DUTY SERVICE
Fiscal Administration Bureau
9105 NW 25 Street, Suite 3049
Miami, FL 33172
(305) 471-2513

Billing for Off Duty Services as of: 11/06/2019

PERMIT #	PERMITEE NAME	INVOICE #	BILLING DATE	Balance	Total Balance
18192	TRACY WALKER	1819220191104	11/04/2019	0.00	$3,092.50
18192	TRACY WALKER	1819220190826	08/26/2019	$2,747.50	
18192	TRACY WALKER	1819220190812	08/12/2019	$345.00	

cut along dotted line

TO ENSURE PROPER CREDIT, PLEASE DETACH THIS PORTION AND RETURN WITH REMITTANCE

INVOICE #	PERMIT #	BILLING DATE
1819220191104	18192	11/04/2019

Customer Info: TRACY WALKER
11421 SW 225 ST
USA
GOULDS, FL 33170

SUMMARY OF ACCOUNT	
Previous Balance:	$3,092.50
Current Balance:	0.00
Total Amount Due:	$3,092.50
Amount Enclosed:	

PAYMENT DUE UPON RECEIPT

cut along dotted line

Please Note: We are Accepting Major Credit Cards, please visit our website at https://w85exp.miamidade.gov/MDPDOffDutyWeb/loginPwd.action to setup your online access and process payment.
LATE CHARGES WILL BE ASSESED TO ACCOUNTS IN ARREARS OVER 60 DAYS.

☐ Check here for Name/Address corrections only. Enter new info below.

TRACY WALKER
11421 SW 225 ST
USA
GOULDS, FL 33170

Report Run Date: Nov 7, 2019

Miami Dade Police Department
Off Duty System
Billing - Customer Balance - Off Regular Duty

As of Nov 6, 2019 12:00:00 AM

** No PAYMENT data is available

Permit # : 18192 TRACY WALKER

TICKETS - CURRENT BALANCE

INVOICE: 1819220191104

Job #: Job Date: Job: N/A Job Address:

Ticket #	Old Ticket	Billing Date	County ID	Officer Name	Check In	Check Out	Hrs Paid	Personnel Total	Equipment Total	Ticket Total	Amount Paid	Balance Due
		11/04/2019						$0.00	$0.00	$0.00	$0.00	$0.00
							JOB - Total	$0.00	$0.00	$0.00	$0.00	$0.00
							INVOICE 1819220191104 - Total	$0.00	$0.00	$0.00	$0.00	$0.00
							CURRENT - Total	$0.00	$0.00	$0.00	$0.00	$0.00

TICKETS - PREVIOUS BALANCE

INVOICE: 1819220190812

Job #: 20852 Job Date: 07/20/2019 Job: GOULDS REUNION Job Address: 11350 SW 216TH ST UNINCORPORATED MIAMI-DADE, FL 33170

Ticket #	Old Ticket	Billing Date	County ID	Officer Name	Check In	Check Out	Hrs Paid	Personnel Total	Equipment Total	Ticket Total	Amount Paid	Balance Due
3810892		08/12/2019	00320290	HERNANDEZ, EDDY	07/20/2019 17:00	07/20/2019 22:00	5	$345.00	$0.00	$345.00	$0.00	$345.00
							JOB: 20852 - Total	$345.00	$0.00	$345.00	$0.00	$345.00
							INVOICE 1819220190812 - Total	$345.00	$0.00	$345.00	$0.00	$345.00

INVOICE: 1819220190826

Miami Dade Police Department
Off Duty System
Billing - Customer Balance - Off Regular Duty

As of Nov 6, 2019 12:00:00 AM

Job #: 20852 **Job Date:** 07/20/2019 **Job:** GOULDS REUNION **Job Address:** 11350 SW 216TH ST UNINCORPORATED MIAMI-DADE, FL 33170

Ticket #	Old Ticket #	Billing Date	Officer ID	Officer Name	Check In	Check Out	Hrs Paid	Personnel Total	Equipment Total	Ticket Total	Amount Paid	Balance Due
3809824		08/26/2019	00320085	WOODING, KENDRICK	07/20/2019 17:00	07/20/2019 22:00	5	$345.00	$0.00	$345.00	$0.00	$345.00
3810578		08/26/2019	00311202	LEE, EVAN	07/20/2019 17:00	07/20/2019 22:00	5	$345.00	$0.00	$345.00	$0.00	$345.00
3810643		08/26/2019	00033929	FERRER, JORGE	07/20/2019 17:00	07/20/2019 22:00	5	$358.75	$0.00	$358.75	$0.00	$358.75
3810714		08/26/2019	00160431	VEGA, GARY	07/20/2019 17:00	07/20/2019 22:00	5	$318.75	$0.00	$318.75	$0.00	$318.75
3810777		08/26/2019	00312306	HERNANDEZ, ALEJANDRO	07/20/2019 17:00	07/20/2019 22:00	5	$345.00	$0.00	$345.00	$0.00	$345.00
3810780		08/26/2019	00318887	MUNOZ JR, RICHARD	07/20/2019 17:00	07/20/2019 22:00	5	$345.00	$0.00	$345.00	$0.00	$345.00
3810790		08/26/2019	00319471	GINORIS, MELANIE	07/20/2019 17:00	07/20/2019 22:00	5	$345.00	$0.00	$345.00	$0.00	$345.00
3810805		08/26/2019	00319866	MUNROE, DEXTER	07/20/2019 17:00	07/20/2019 22:00	5	$345.00	$0.00	$345.00	$0.00	$345.00
						JOB 20852 - Total		$2,747.50	$0.00	$2,747.50	$0.00	$2,747.50
						INVOICE 18192190826 Total		$2,747.50	$0.00	$2,747.50	$0.00	$2,747.50
						PREVIOUS - Total		$3,092.50	$0.00	$3,092.50	$0.00	$3,092.50
						PERMIT 18192 TRACY WALKER - TICKETS TOTAL		$3,092.50	$0.00	$3,092.50	$0.00	$3,092.50
PERMIT	18192	TRACY WALKER										GRAND TOTAL $3,092.50

Florida Department of State DIVISION OF CORPORATIONS

Sunbiz.org Division of Corporations an official State of Florida website

Department of State / Division of Corporations / Search Records / Detail By Document Number /

Detail by Entity Name

Florida Not For Profit Corporation
HEAL "A" HEART, INC

Filing Information

Document Number	N14000007394
FEI/EIN Number	47-1568363
Date Filed	08/06/2014
State	FL
Status	ACTIVE
Last Event	AMENDMENT AND NAME CHANGE
Event Date Filed	11/05/2014
Event Effective Date	NONE

Principal Address

23845 SW 117th Court
C/O CHANWON FLORENCE
HOMESTEAD, FL 33032

Changed: 04/30/2019

Mailing Address

23845 SW 117th Court
C/O CHANWON FLORENCE
HOMESTEAD, FL 33032

Changed: 04/30/2019

Registered Agent Name & Address

FLORENCE, CHANWON
26290 SW 136TH PLACE
HOMESTEAD, FL 33032

Name Changed: 11/05/2014

Address Changed: 11/05/2014

Officer/Director Detail

Name & Address

Title Chairman

Marion, Corey

12

26290 SW 136TH PLACE
C/O CHANWON FLORENCE
HOMESTEAD, FL 33032

Title CEO

FLORENCE, JILLIAN
26290 SW 136TH PLACE
C/O CHANWON FLORENCE
HOMESTEAD, FL 33032

Title S, Secretary

DUKES, JILL
14001 NW 4TH ST APT 307
PEMBROKE PINES, FL 33028

Title CFO

FLORENCE, CHANNEKA
14025 SW 262 LANE APT2
HOMESTEAD, FL 33032

Title President

Hill, Shankita
26290 SW 136TH PLACE
C/O CHANWON FLORENCE
HOMESTEAD, FL 33032

Title CEO

Florence, Chanwon
26290 SW 136TH PLACE
C/O CHANWON FLORENCE
HOMESTEAD, FL 33032

Title VC

Allah, Shahid
26290 SW 136TH PLACE
C/O CHANWON FLORENCE
HOMESTEAD, FL 33032

Title VP

Matthews, Kendra
26290 SW 136TH PLACE
C/O CHANWON FLORENCE
HOMESTEAD, FL 33032

Annual Reports

Report Year	Filed Date

13

2017	05/01/2017
2018	05/01/2018
2019	04/30/2019

Document Images

04/30/2019 -- ANNUAL REPORT	View image in PDF format
05/01/2018 -- ANNUAL REPORT	View image in PDF format
05/01/2017 -- ANNUAL REPORT	View image in PDF format
03/30/2016 -- ANNUAL REPORT	View image in PDF format
06/08/2015 -- ANNUAL REPORT	View image in PDF format
11/05/2014 -- Amendment and Name Change	View image in PDF format
08/08/2014 -- Domestic Non-Profit	View image in PDF format

Florida Department of State, Division of Corporations

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

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

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.
Chanwan Florence

2 Business name/disregarded entity name, if different from above
Heal-A-Heart

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.
2e290 SW. 186th Place

Requester's name and address (optional)

6 City, state, and ZIP code
Homestead, Fl. 33032

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 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
[ ][ ][ ] - [ ][ ] - [ ][ ][ ][ ]

or

Employer identification number
47 - 1548363

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 for Part II, later.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 7/1/19

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.*

Memorandum

MIAMI-DADE COUNTY

Date: January 22, 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 retroactive waiver for in-kind services has been requested by Heal "A" Heart, Inc. for the "Goulds Reunion" event which was held on July 20, 2019.

In-kind services have been requested in amount not to exceed $3,092.50 from the Miami-Dade Police Department contributing towards the use of police services. This event will be funded from the balance of District 9 FY 2019-20 In-Kind Reserve Fund.

Jennifer Moon
Deputy Mayor

Inkind01936