MEMORANDUM

Agenda Item No. 3(A)(4)

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 November 16, 2019 "Pop Warner 2019 Southeast Region Football Playoffs" sponsored by The Greater Goulds Optimist Club, Inc. in the amount of $2,380.50 to be funded from the balance of the District 9 FY 2019-20 In-Kind Reserve

Resolution No. R-4-20

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)(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)
1-22-20

RESOLUTION NO. R-4-20

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT FOR THE NOVEMBER 16, 2019 "POP WARNER 2019 SOUTHEAST REGION FOOTBALL PLAYOFFS" SPONSORED BY THE GREATER GOULDS OPTIMIST CLUB, INC. IN THE AMOUNT OF $2,380.50 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2019-20 IN-KIND RESERVE

WHEREAS, The Greater Goulds Optimist Club, Inc. has requested in-kind services from the Miami-Dade Police Department for the November 16, 2019 "Pop Warner 2019 Southeast Region Football Playoffs" in the amount of $2,380.50 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, The Greater Goulds Optimist Club, Inc. is a not-for-profit organization; and

WHEREAS, the purpose of the "Pop Warner 2019 Southeast Region Football Playoffs" is to promote and educate the community regarding good sportsmanship and healthy lifestyles; and

WHEREAS, the "Pop Warner 2019 Southeast Region Football Playoffs" provides a family-friendly day for youth and families in the community; and

WHEREAS, the "Pop Warner 2019 Southeast Region Football Playoffs" is a district event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $2,380.50 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 November 16, 2019 "Pop Warner 2019 Southeast Region Football Playoffs" sponsored by The Greater Goulds Optimist Club, Inc., in an amount of $2,380.50 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

Linda L. Cave

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
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 Dennis C. Moss

1. Full legal name of the requesting organization: The Greater Goulds Optimist Club, 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.):

JL Demps Jr., 11025 SW 223rd St., Goulds, FL 33170, 786-380-7716, jldemps@bellsouth.net

4. Specify fee waiver or in-kind service requested (quantify, if applicable):

4 Miami-Dade Officer for safety at Miami-Dade Southridge Park

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): [redacted], November 16th, Host Pop Warner 2019 Southeast Region Football Playoffs

6. Please select ALL that apply to event:

- [x] 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
- [ ] 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
- [x] Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): 11250 SW 192nd Street, Miami, FL 33170

8. Description of regional or local impact: Provide healthy, good sportsmanship, fun for youth and families in our communities.

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): See Attached Map

11. Expected number of participants and estimated attendance (per day, if applicable): 400

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

10/25/2019
Date

Miami-Dade Police Department

Off-Duty Police Services Pro Forma Invoice

Date: 11/04/2019

Pro Forma Invoice#: 191104-18589-26003

Permit: 18589 - GREATER MIAMI SOUTH FLORIDA POP WARNER
PO BOX
10242MIAMI, FL 33101

Job: 26003 - GREATER MIAMI SOUTH FLORIDA POP WARNER FOOTBALL LEAGUE
11250 SW 192ND ST
UNINCORPORATED MIAMI-DADE, FL 33157
11/16/2019 thru 11/16/2019

Personnel Charges

Rank	# of Personnel	# Hrs	Total Hrs	Rate	Rate Type	Total
OFFICER	3	11.50	34.50	$69.00	REG	$2,380.50
Total						$2,380.50

Equipment Charges

Equipment	Rate	Unit	Qty.	Total
Total				

*Estimated Total:	$2,380.50

Should you have any questions regarding this event, please call the event coordinator(s) listed below at --.

Coordinator(s): DIEPPA, MICHAEL
FERNANDEZ, SHARO
MENDEZ, MARCY
PRIETO, ARELY MONZON
SOSA, YOSVANY
VITALE, ANTHONY

* We have determined our staffing/assignments/budget estimate on the information you have provided. As always, the staffing/times/services rendered, as well as, other relative factors, are subject to change depending on changes/additional information, crowd dynamics, active areas, and/or any public safety concerns that may arise.

The estimated total amount is due to the Miami-Dade Police Department before services can be rendered. A final invoice will be provided when services have been rendered as part of our billing process. The final invoice amount billed may differ from the estimated total. Please note that this Pro Forma Invoice is only valid until 11/14/2019.

Please make payment payable to:
Miami-Dade Police Department
ATTN: Off-Duty Unit
9105 NW 25 ST, Ste. 3049
Doral, FL 33172

or remit online at:
https://w85exp.miamidade.gov/MDPDOffDutyWeb/loginFwd.action

Florida Department of State DIVISION OF CORPORATIONS

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

Detail by Entity Name

Florida Not For Profit Corporation
THE GREATER GOULDS OPTIMIST CLUB, INC.

Filing Information

Document Number	N95000004062
FEI/EIN Number	65-0501609
Date Filed	08/23/1995
State	FL
Status	ACTIVE

Principal Address

11025 SW 223 STREET
GOULDS, FL 33170

Changed: 07/09/2008

Mailing Address

11025 SW 223 STREET
GOULDS, FL 33170

Changed: 07/09/2008

Registered Agent Name & Address

DEMPS, Jr., JL
11025 SW 223 STREET
GOULDS, FL 33170

Name Changed: 03/04/2014

Address Changed: 07/09/2008

Officer/Director Detail

Name & Address

Title President

DEMPS, Jr., JL
11025 SW 223 STREET
GOULDS, FL 33170

Title VP

HOLSEY, PLUMER

10

19714 SW 118 AVENUE
MIAMI, FL 33177

Title Director

Carter, Kenneth
2635 SE 15 St
Homestead, FL 33035

Title VP

Jackson, Larry
5150 NW 73 Way
Lauderhill, FL 33319

Title Director

Fudge, Lee
2902 Inwood Drive
Hephzibah, GA 30815

Title Executive Director

Demps, Enid W
11025 SW 223 Street
Goulds, FL 33170

Title Director

Owens, Robert
21590 SW 119 Avenue
Goulds, FL 33170

Title Secretaty

Ford, Harold
11025 SW 223 STREET
GOULDS, FL 33170

Annual Reports

Report Year	Filed Date
2018	03/19/2018
2018	04/06/2018
2019	02/18/2019

Document Images

02/18/2019 -- ANNUAL REPORT	View image in PDF format
04/06/2018 -- AMENDED ANNUAL REPORT	View image in PDF format
03/19/2018 -- ANNUAL REPORT	View image in PDF format
02/09/2017 -- ANNUAL REPORT	View image in PDF format
03/28/2016 -- ANNUAL REPORT	View image in PDF format
02/09/2015 -- ANNUAL REPORT	

//

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.

JL Demps Jr

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

The Greater Goulds Optimist Club

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.

11026 SW 223rd Street

Requester's name and address (optional)

6 City, state, and ZIP code

Goulds, Florida 33170

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

6	5	–	0	5	0	1	6	0	9

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 ▶ _____ Date ▶ 11/09/2019

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 The Greater Goulds Optimist Club, Inc. for the "Pop Warner 2019 Southeast Region Football Playoffs" event which was held on November 16, 2019.

In-kind services have been requested in amount not to exceed $2,380.50 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

Inkind01938