

RESOLUTION No. 17-36

A RESOLUTION OF THE MAYOR AND THE CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, APPROVING AN OUTDOOR EVENT PERMIT FOR THE AUTISM SPEAKS ORGANIZATION TO HOST “AUTISM SPEAKS WALK MIAMI 2017” EVENT AT DORAL CENTRAL PARK LOCATED AT 3000 NW 87 AVENUE, DORAL, FLORIDA 33172, ON SUNDAY, APRIL 2, 2017 FROM 6:00AM TO 1:00PM; PROVIDING FOR IMPLEMENTATION; AND PROVIDING FOR AN EFFECTIVE DATE

WHEREAS, the Autism Speaks Organization (“Applicant”) seeks approval from the City of Doral for an Outdoor Event Permit, pursuant to the Application, attached hereto as Exhibit “A”, which is incorporated herein and made a part hereof by this reference; and

WHEREAS, staff has recommended that Council approve the Applicant’s proposed Outdoor Event Permit to host “Autism Speaks Walk Miami 2017” event on Sunday, April 2, 2017 from 6:00am to 1:00pm at Doral Central Park located at 3000 NW 87th Avenue, Doral, Florida 33172, subject to the conditions specified herein.

NOW THEREFORE, BE IT RESOLVED BY THE MAYOR AND CITY COUNCIL OF THE CITY OF DORAL, FLORIDA, AS FOLLOWS:

Section 1. Recitals. The above recitals are confirmed, adopted, and incorporated herein and made a part hereof by this reference.

Section 2. Approval. The outdoor event permit for “Autism Speaks Walk Miami 2017” event is hereby approved subject to the following conditions:

1. Compliance with the comments made by the City of Doral Police Department, as specified in Exhibit “B”;
2. Compliance with the comments set forth by the Parks and Recreation Department, as specified in Exhibit “C”;
3. Acquisition of all required permits and performance of requisite inspections prior to event start date, consistent with the City of Doral Building Department requirements; and

4. Payment of all fees, which are not otherwise waived by the City Council and/or the City administration.

Section 3. Implementation. The City Manager, City Clerk, and City Attorney are hereby authorized to take such further action as may be necessary to implement the purpose and provisions of this resolution.

Section 4. Effective Date. This resolution shall become effective immediately upon adoptions.

The foregoing resolution was offered by Vice Mayor Cabrera who moved its adoption. The motion was seconded by Councilmember Rodriguez and upon being put to a vote, the vote was as follows:

Mayor Juan Carlos Bermudez	Yes
Vice Mayor Pete Cabrera	Yes
Councilwoman Christi Fraga	Absent/Excused
Councilwoman Claudia Mariaca	Yes
Councilwoman Ana Maria Rodriguez	Yes

PASSED and ADOPTED this 8 day of March, 2017.



JUAN CARLOS BERMUDEZ, MAYOR

ATTEST:



CONNIE DIAZ, CMC
CITY CLERK

APPROVED AS TO FORM AND LEGAL SUFFICIENCY
FOR THE USE AND RELIANCE OF THE CITY OF DORAL ONLY:



WEISS, SEROTA, HELFMAN, COLE & BIERMAN, P.L.
CITY ATTORNEY

EXHIBITS

- Public Property Event Permit
- Special Private Property Event Permit



CITY OF DORAL
PLANNING & ZONING DEPARTMENT
OUTDOOR EVENT PERMIT

Special Event Autism Speaks Walk 2018 Miami Class _____

Promoter/Organization Autism Speaks

Facility Address 3000 NW 87 Ave Dates 3-31-17 to 4-2-17

Hours of Operation 6 am to 1 pm Estimated Attendance/Day 15,000

TYPE OF EVENT:

Music
 Parade
 Art Show
 TV Commercial
 Movie Filming
 Athletic
 Other (specify) Fundraising Walk

EXTRAORDINARY USES:

Animals
 Firearms
 Explosives/Fireworks
 Road Closures
 Cooking
 Alcoholic Beverages served*
 Tents/temp structures
 Aircraft
 Other (specify) Stage performance

* For events where alcoholic beverages will be served, page three of this application must be filled out.

Approved: (Initials & Date)

City Manager _____

Planning & Zoning Director _____

Building Official [Signature] 2.15.17

Permit(s) Required? Yes No _____ Type(s) B E P F

Parks & Recreation Director _____

Police Department _____

Fire Department _____

Please be advised that a Building permit and fee may be required.

OUTDOOR EVENT APPLICATION

Date of Application

Name of Person or Organization (Permittee) AUTISM SPEAKS South Florida Chapter

Mailing Address 5805 Blue Lagoon Drive, #170, Miami, FL 33126

Represented By Angelica Fernandez Title Sr. Director

Phone 786 456 8921 Fax _____

Is your organization For-profit _____ Non-Profit X

Location or Park Area requested Doral Central Park

Describe fully the space required for your event, and how your event will contribute to the benefit of the community

Community Walk to raise funds and awareness for Autism Speaks

What type of entertainment is planned, include performer(s) name(s) and/or group(s) name(s)

Opening Ceremonies by media anchors

Dates of Event Sunday, April 2nd, 2017

Rain Date (if any) N/A

Period of Requested Use (Including Set-up / Tear-down and Clean-up time):

From 09/31/17 To 04-02-17

Hours of Operations 8am - 5pm

Estimated Size of Crowd: Participants 15,000 Spectators _____

Who is the contact person for your event?

Name Angelica Fernandez

Address 5805 Blue Lagoon Dr, #170, Miami, FL 33126

Agency AUTISM SPEAKS

Telephone 305 244 3707

OUTDOOR EVENT HISTORY

List the five (5) last events sponsored by your organization and where they were held. Please include the event name, date, total attendance, problems (if any), location of event, phone number of event location, and contact name for reference.

1. 2016 Miami Walk - 4-10-16
Doral Central Park - 20,000

2. 2015 Miami Gala - 10-17-15
Intercontinental Miami - 300 guests

3. 2015 Miami Walk - 4-19-15
Doral Central Park - 25,000

4. 2014 Miami Gala - 10-18-14
Trump National Doral - 300 guests

5. 2014 Miami Walk - 4-6-14
JC Bermudez Park - 28,000

Do you owe anyone money for expenses incurred or revenue promised from prior events?

Date	Event	Person	Amount Owed
/	/	/	/
/	/	/	/
/	/	/	/

OUTDOOR EVENT BUDGET

Detail fully the intended use, type of business and scope of operation

DETAILED REVENUE

Source	Price	Total Amount of Income
Sponsorship	Various	150,000
Team/Individual Donation	Various	300,000
Total Revenue		450,000

DETAILED EXPENDITURES

Item	Total Amount of Expense	
fire	\$ 4,000	
Police	\$ 14,000	
City Park + Barriers	\$ 3,000	
Structures + permits	\$ 40,000	
Barri cades / Walkies / MOT	\$ 4,000	
T Shirts	\$ 5,000	
Posters + Collateral	\$ 15,000	
Total Expenses		\$ 85,000
Net Income Expected		

DETAILED IN KIND SERVICES

Item	Value of Contribution	
Coffee, fruits + Pastries	\$ 5,000	
Water	\$ 1,000	
paper goods	\$ 3,000	
Refreshments	\$ 1,000	
Security guards	\$ 5,000	
Total Value		15,000

Describe the intended use of net income generated from this special event

Funding vital research to provide resources for all families affected by Autism.

OUTDOOR EVENT ACTIVITIES/ELEMENTS

List all Co-Sponsors

Name	Address	City, State Zip	Phone Number
City of Doral			
South Florida Ford			
Sedano's			

What is the principal business activity of these co-sponsors?

Name	Activity
City Government	
Auto Sales	
Super Markets	

Will alcoholic beverages be served at your event? Yes _____ No X

Beer _____ Price _____

Wine _____ Price _____

Describe who, where and what time the alcoholic beverages will be served

X

Will your special event require tents? (Requires a permit if greater than 10' x 10' or if cooking under any size tent)

Yes Y No _____

Indicate size and number of tents Various: 10x10, 10x20, 20x20, 30x30, 66x100

What are the electrical requirements of the Event?

Generator(s) - Size in Watts 5 OR Fed from Building Electrical _____

Number of lights and outlets to be used 4

What type of restroom facilities will be provided? 38 / 10 HC

Number of toilets 50 (must show location and distance of the restroom facilities on the Site Plan)

Will your special event have live or taped music?

Yes X No _____ Type of music family

Describe who, where and what music will be presented



January 25, 2017

Re: Hold Harmless Letter

To Whom It May Concern:

I (We) agree to hold the City of Doral, its agent and authorized personnel harmless and relieve them from any responsibility or liability for any legal action or damage, cost or expense (including attorney's fees) resulting from damage and/or personal injury that should occur on the premises.

If you have any questions, or would like additional information, please contact me at 786-456-8921 or angelica.ramcharran@autismspeaks.org.

Sincerely,

A handwritten signature in cursive script that reads "Angelica".

Angelica Fernandez Ramcharran
Autism Speaks – Field Development Sr Director

Antonio Brina
 2/15/17
 N/A TMM 2/15/17

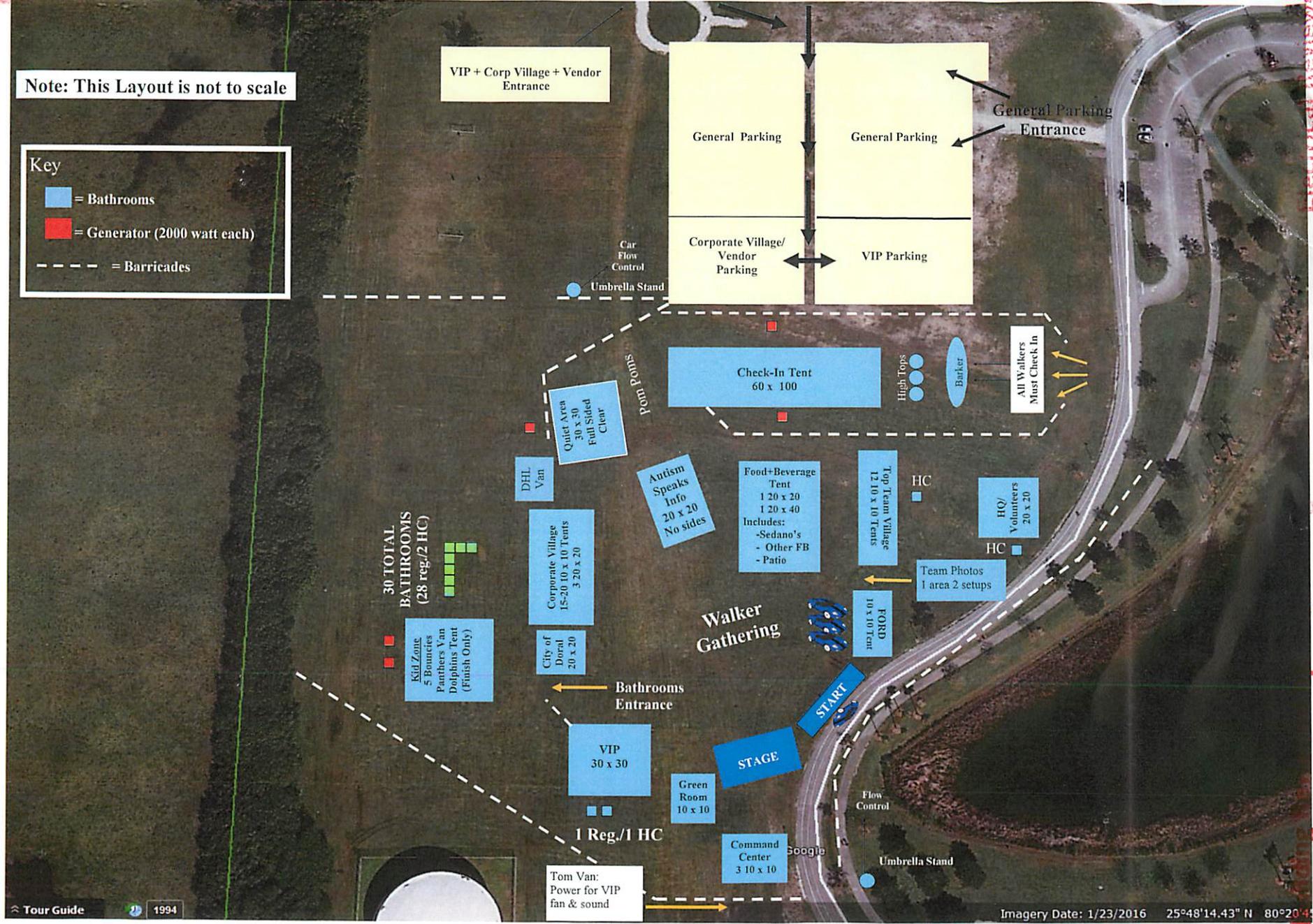
2017 Miami Autism Walk Start Line



Note: This Layout is not to scale

Key

- = Bathrooms
- = Generator (2000 watt each)
- - - = Barricades



Secured reviewed by:
 Paul Madsen
 N/A TMM 2/15/17

Jorge Gutierrez
 JAG 2/15/17
 PLM/TM 2/15/17

Antonio Brina
 Dirty Bent Rescue
 4:20 3/15/17



LEGEND

- WALK ROUTE
- TROLLEY ROUTE
- PARKING
- OVERFLOW PARKING
- REGISTRATION
- ENTRANCE 1,2,3
- WATER STAND

Blue Cross Blue Shield Parking Lot

SITE UNDER CONSTRUCTION (Not Available for Parking)

SITE UNDER CONSTRUCTION (Not Available for Parking)

PARKING ELECTIONS BUILDING VOLUNTEER DROP OFF

AUTISM SPEAKS MAIN EVENT AREA

VIP & VENDOR ENTRANCE

TURNING POINT

TURNING POINT

Start/Finish

GENERAL ENTRANCE

JC BEMUDEZ PARK

NW 91st Av

NW 33rd St

NW 33rd Ct

NW 87th Av

NW 89th Ct

NW 84th Av

NW 85th Av

NW 26th St

NW 27th St

NW 89th Ct

NW 28th St

NW 29th St

Street Parking

PARKING 1

PARKING 2

PARKING 3

PARKING 4W

PARKING 4E

PARKING 4

PARKING 4

PARKING 4

PARKING 4

PARKING 4



Consumer's Certificate of Exemption

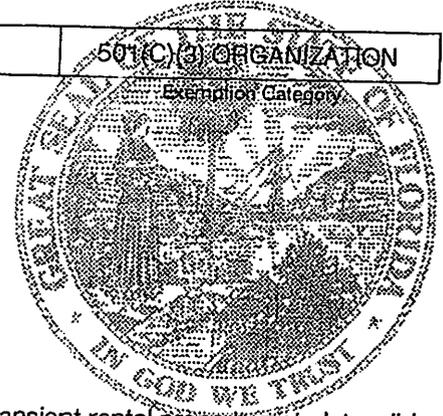
DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8013847573C-3	04/30/2012	04/30/2017	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

AUTISM SPEAKS INC
1060 STATE RD
PRINCETON NJ 08540-1446



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



January 26, 2017

City of Doral

To Whom It May Concern:

On Sunday, April 2, 2017, Autism Speaks will hold the 17th annual Miami *Autism Speaks Walk* at Doral Central Park. Since its inception in 2000, this event has brought thousands together to increase awareness and raise funds critical to improving the lives of those in our community. **In an effort to help minimize expenses, we would like to request an In-Kind donation for several resources from the City of Doral for the Walk.**

The money from this campaign directly benefits Autism Speaks. Autism Speaks is dedicated to promoting solutions, across the spectrum and throughout the lifespan, for the needs of individuals with autism and their families through advocacy and support; increasing understanding and acceptance of autism spectrum disorder; and advancing research into causes and better interventions for autism spectrum disorder and related conditions. The Walk enables the autism community in the Miami-Dade County area to collaborate as one force to raise funds urgently needed for research funding, advocacy efforts, and raising awareness.

We kindly request your support for the following:

- Staff for parks areas outside of Event
- Doral Police Explorers
- Police Golf Cart
- Police Command Post vehicle
- Police Sky Watch
- Light towers (4)
- EMS Signs (4)
- Park Barricades
- Park Sand Bags, if available
- Contact and key for Gated entrance on NW 33rd Street for early morning opening
- Ramps
- City of Doral Benches
- Trolley for parking routes
- Lighting City Hall blue for Autism Awareness Month

Sincerely,

A handwritten signature in black ink that reads "Angelica".

Angelica Ramcharran
Autism Speaks – Sr. Director, Field Development



Outdoor Events Submittal Checklist

Event Organizer: *Autism Speaks*

Event Date: *April 2nd, 2017*

I. Outdoor Event Application

(Pg. 7 Signed)

N/A II. *Fee (350.00) *Exempt.*

III. Hold Harmless Letter

IV. **Site Plan

V. Insurance *(Pending)*

N/A VI. Owner's Letter of Approval *@ DCP*

VII. ***Consumer's Certificate of Exemption OR Letter from Department of Treasury (IRS)

* Note: If application was submitted less than 7 days prior to the event, there is an additional late charge of \$200.00.

** Note: Please attach a diagram of the set-up for the event. Show as much detail as possible. Show crowd flow, controls, seating, and parking. Also show configuration and sizes of stage(s), concession booths, tent(s) location, portable toilets, and fire protection equipment.

*** ONLY FOR NON-PROFIT ORGANIZATIONS



OUTDOOR EVENT APPLICATION
TRACKING SHEET

Event Name: Autism Speaks Walk 2017 Miami
Organization Name: Autism Speaks
Submitted Date: 2/10/17 Event Date: 4/2/17

BUILDING DEPARTMENT

P
Permits
B.P

Date SUBMITTED: 2/13/17
Date RETURNED: 2/15/17

POLICE DEPARTMENT

Date SUBMITTED: 2/13/17
Date RETURNED: _____

- emailed applicant regarding building permits. 2/15/17

PLANNING AND ZONING DEPARTMENT

SUBMITTED: 2/10/17
RETURNED: _____

PARKS AND RECREATION DEPARTMENT

Date SUBMITTED: 2/13/17
RETURNED: _____

PUBLIC WORKS DEPARTMENT

SUBMITTED: 2/13/17
RETURNED: _____

City of Doral Police Department

For All The Right Reasons!™



INVOICE

Attn: Off-Duty Coordinators
6100 NW 99th Avenue Doral, FL 33178
Phone 305-593-6699
Fax 786-871-1501

Invoice #100
Date: 2/23/2017

Acct# 0016000342100

To:
ATTN: A/P
Autism Speaks South FI Charter
5805 Blue Lagoon Drive #170
Miami, FL 33126

For:
Off-Duty Police Services
stephanie.bortz@doralpd.com

DESCRIPTION	HOURS	RATE	AMOUNT
Off-Duty Services , (1) LIEUTENANT EVENT 4/2/17	10	\$58.03	\$580.30
Off-Duty Services , (2) SERGEANTS EVENT 4/2/17	10	\$54.27	\$1,085.40
Off-Duty Services , (11) OFFICERS EVENT 4/2/17	10	\$51.51	\$5,666.10
Off-Duty Services , (2) PSAS EVENT 4/2/17	10	\$51.51	\$1,030.20
Off-Duty Services , (1) OFFICER EVENT 4/2/17	10	\$51.51	\$515.10
		Total Due:	\$8,877.10

Make all checks payable to City of Doral Police Department

Payment must be submitted prior to event date to secure services.



Memorandum

Date: March 8, 2017
To: Edward Rojas, City Manager
From: Barbara Hernandez, Parks & Recreation Director 
Subject: Autism Speaks Walk 2017

On Sunday, April 2, 2017, the annual Autism Speaks Walk event will be taking place at Doral Central Park. Our department has provided the organization with a list of park fees associated with this event. A copy of the fees has been included in this memo.

It is the recommendation of the Parks & Recreation Department that if fees for this year's Autism Speaks Walk event are waived, that only the following fees be considered.

Fee	Amount
Rental Fee	\$2,400.00
Staff Fees	\$1,346.31
Additional Hour	\$500.00
Refundable Deposit	\$700.00
Total	\$4,946.31

Our Department does not recommend that the below fees be waived as these fees are a direct cost to the department.

Fee	Amount
Trash Container Disposal	\$250.00
Restroom Holding Tank Cleaning	\$1,000.00
Janitorial Supplies	\$300.00
Total	\$1,550.00

Our Department fully supports this event and will continue to work with the organization to ensure that the event is a success as done in previous years.

Our Department would not be able to provide the following in-kind resources: sand bags (none currently located on-site) or barricades (committed to park programming).

Outdoor Event Park Fees

Non-Profit (Doral)
 Non-Profit (Other)
 For Profit

Name of Organization:	Autism Speaks Walk 2017 Miami
Event Title:	Autism Speaks
Event Duration:	6:00am to 1:00pm
Contact Person Name:	Angelica Fernandez
Contact Person Telephone:	305-244-3707
Date of Event:	4/2/2017
Park:	Doral Central Park
Rental Location(s):	Zone F
Parking Zone(s):	E, F, 2, 3
Proposed Attendance:	15,000
Actual Attendance:	

Staff Fees Breakdown				
Employee Name	Title	Hourly Rate	# of Hours	Total
TBD	Park Manager	\$19.55	7	\$136.85
TBD	Assistant Park Manag	\$17.26	7	\$120.82
TBD	Assistant Park Manag	\$17.26	7	\$120.82
TBD	Assistant Park Manag	\$17.26	7	\$120.82
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
TBD	PSA/RSA	\$11.00	7	\$77.00
Staff Fees Total				\$1,346.31

Fees			
	Amount Charged	Amount Waived	Amount Refunded
Rental Fee	\$2,400.00		
Staff Fees	\$1,346.31		
Trash Container Disposal	\$250.00		
Restroom Holding Tank Cleaning	\$1,000.00		
Janitorial Supplies	\$300.00		
Parking Fee	\$0.00		
Additional Hour(s)	\$500.00		
Refundable Deposit	\$700.00		
Taxes	\$0.00		
Totals	\$5,796.31	\$0.00	\$0.00

Total Amount Charged	\$5,796.31
Total Amount Waived	\$0.00
Total Amount Refunded	\$0.00
Grand Total	\$5,796.31

Outdoor Event Park Fees

Amount Paid	
Date Paid	
Check #	

Comments:

Applicant is to provide a certificate of liability insurance which includes coverage for event participants. Applicant must provide the City with a certificate of liability insurance matching the insurance requirements provided.

Applicant will be responsible for ensuring that all third party vendors they are using have adequate liability insurance coverage. The organization will ultimately be responsible for any actions or incidents from any third party vendor.

Applicant must provide parking management.

Applicant is to obtain proper permits for all applicable amenities.

Applicant must provide a set-up, timeline, and breakdown schedule for event.

Organization is to provide their own garbage cans for event and walk area.



- Parking Zones**
- Rental Zones**

City of Doral - Outdoor Event
Autism Speaks Walk 2017
City of Doral Report

No.	Participating City Departments	Required Fees	Notes
1	Police Department	\$ 8,877.10	
2	Parks and Recreation Department	\$ 5,796.31	
	Grand Total	\$ 14,673.41	



January 26, 2017

City of Doral

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