
From: Diaz-Greco, Gilma M. (COE)
Sent: Tuesday, November 04, 2014 9:07 AM
To: Sanchez, Rodzandra (COE)
Subject: Major Arnold Palmer, MDPD and Safer Compass Foundation Project Z.E.R.O. (conflict of interest) INQ 14-261
Attachments: Safer Compass 501 c 3.pdf; Safer Compass Amendment 1.pdf; Safer Compass Amendment 2.pdf; Safer Compass Original Incorporation.pdf

INQ 14-261

From: Diaz-Greco, Gilma M. (COE)
Sent: Tuesday, November 04, 2014 9:06 AM
To: Palmer, Arnold (MDPD)
Cc: Centorino, Joseph (COE)
Subject: Major Arnold Palmer, MDPD and Safer Compass Foundation Project Z.E.R.O. (conflict of interest) INQ 14-261

Dear Major Palmer:

You have inquired regarding a possible conflict of interest involving your employment in the Miami-Dade County Police Department and the implementation of an emergency response program in Miami-Dade County which would be donated to the County by a non-profit organization for which you serve as an uncompensated officer.

As background, you are currently employed as a Major for the Miami-Dade Police Department. You requested and received permission for outside employment with Safer Compass Foundation (SCF), a non-profit organization for which you serve as an uncompensated officer. The non-profit SCF provides written materials, training, and signage to individuals and organizations to assist them in implementing the Zone Emergency Response Operation (Project ZERO) within the limits of Miami-Dade County. The Project Zero program works by strategically dividing an urban environment into four geographical sections and placing signage in those areas identifying the location. The County has expressed an interest in implementing Project Zero. SCF has offered to donate (free of charge) the Project Zero materials to the County. The County would use the materials to create a County training program for emergency response personnel. If the County chose to implement the Project Zero initiative, it would purchase the necessary signage through established procurement processes.

In this matter, we do not find that a prohibited conflict of interest would exist under the facts presented. *See* the Miami-Dade County Code at §§ 2-11.1 (g), and (j). The Project Zero materials would be donated to the County, you serve as an uncompensated officer of the non-profit that would be donating this project to the County and would therefore have no financial interests involved, and SCF will not participate in designing the County training for Project Zero or in providing the signage for the implementation of the program.

We would further advise that in order to avoid any appearance of impropriety that Project Zero materials should be delivered to the County by an SCF representative who is not a County employee.

This opinion is based on the facts presented. If these facts change, please contact us. This opinion construes the Miami-Dade Conflict of Interest & Code of Ethics Ordinance, but is not applicable to any conflict under state law. Inquiries regarding possible conflicts under state law should be directed to the State of Florida Commission on Ethics.

Best regards,

Gilma (Mimi) Diaz-Greco
Staff Attorney



Miami-Dade Commission on Ethics and Public Trust
19 W. Flagler Street, Suite 820
Miami, FL 33130
Tel: (305) 579-2594
Fax: (305) 579-0273
gdiazgr@miamidade.gov
www.facebook.com/MiamiDadeEthics

Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure.

From: Penichet, Breno P. (COE)
Sent: Friday, October 17, 2014 11:59 AM
To: Diaz-Greco, Gilma M. (COE)
Subject: FW: Safer Compass Foundation Project Z.E.R.O.

Mimi,
Here is the request I forwarded you, from Arnold Palmer

From: Palmer, Arnold [<mailto:APalmer@mdpd.com>]
Sent: Monday, September 22, 2014 3:28 PM
To: Penichet, Breno P. (COE)
Subject: Safer Compass Foundation Project Z.E.R.O.

Good Afternoon,

I am currently employed as a Major for the Miami-Dade Police Department. In May of 2013 the, SAFER COMPASS FOUNDATION was incorporated in the State of Florida. I became a documented member of this foundation in October of 2013.

The SAFER COMPASS FOUNDATION, is a NOT FOR PROFIT, 501 (c) (3) organization. The organization was created as a vehicle to deliver the Zone Emergency Response Operation (Project ZERO) to individuals and organizations within the limits of Miami-Dade County, Florida. The foundation is able to accept tax deductible donations from organizations and individuals and deliver this product to facilities in need.

Project ZERO is a program that facilitates and reduces the response times of emergency personnel to critical incidents. The program works by strategically dividing an environment (schools, malls, parks, etc.) into four geographical sections (1,2,3,4) and placing signage in those areas identifying the location. When a critical incident occurs, individuals requiring assistance from emergency personnel can communicate their exact location by referring to the strategically placed signage. In testing, Project ZERO has reduced response times by up to 75%.

Any activities in this venture will be conducted during my off duty hours. I will not represent myself as a member of the Miami-Dade Police Department or use any of my law enforcement authority in any way while seeking sponsors, donations and/or memberships.

As per our conversation, I am seeking an informal opinion to avoid any conflict with the Miami-Dade County, Conflict of Interest and Code of Ethics Ordinance.

Thank You, for your attention and assistance.

Attached are documents of the Foundation, as well as outside employment authorization.

Arnold Palmer, Major
South Operations Division
Hammocks District
10000 SW 142 Avenue
Miami, FL 33186
Office: 305-383-6880

Think Green. Please only print this e-mail if you need to.

Miami-Dade County is a public entity subject to Florida Statutes Chapter 119, Public Records. E-mail messages are subject to public records disclosure, and with limited exceptions are not exempt from chapter 119.

From: **Jeffrey Childers** jeffreychilders@safercompass.org
Subject: **Safer Compass Foundation: 501c3 Tax Exemption Letter**
Date: August 27, 2014 at 5:51 PM
To: **Arnold Palmer** arnoldpalmer@me.com

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **JUL 21 2014**

SAFER COMPASS FOUNDATION INC
16143 SW 71 TERRACE
MIAMI, FL 33193

Employer Identification Number:
46-2804488
DIN:
17053100313034
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(477) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170 (b) (1) (A) (vi)
Form 990 Required:
Yes
Effective Date of Exemption:
May 14, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

NI3000004533



700249831507

07/17/13--01008--009 **\$5.00

FILED
13 JUL 17 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUL 19 2013
EXAMINER

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Office:

Office Use Only

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Safer Compass Foundation, Inc.**

DOCUMENT NUMBER: **N13000004533**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Childers

(Name of Contact Person)

Safer Compass Foundation, Inc.

(Firm/ Company)

16143 Sw 71 Terrace

(Address)

Miami, Fl. 33193

(City/ State and Zip Code)

JeffChilders@gmail.com

(E-mail address: to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Childers at (**305**) **224-3211**

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Articles of Amendment
to
Articles of Incorporation
of

FILED

Safer Compass Foundation, Inc.

13 JUL 17 AM 11:07

(Name of Corporation as currently filed with the Florida Dept. of State)
N13000004533

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable.

N/A

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable.

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

N/A

Name of New Registered Agent:

(Florida street address)

N/A

(City)

Florida

N/A

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)
 Please note the officer/director title by the first letter of the office title:
 P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed on the FST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation. Sally Smith is named the T and S. There should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, ST as an Add.

Example:
 Change
 Remove
 Add
 PT John Doe
 V Mike Jones
 ST Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	V	Jennifer M. Childers	16143 Sw 71 Terrace Miami, FL 33193
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove			

The date of each amendment(s) adopted: N/A if other than the date this document was signed.

Effective date (if applicable): N/A (no more than 90 days after amendment file date)

FILED

13 JUL 17 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Adoption of Amendment(s) (CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 07/11/13

Signature 

(By the chairman or vice chairman of the board, president or other officer; if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jeffrey Childers

(Typed or printed name of person signing)

President

(Title of person signing)

N13000004533

X

(Requestor's Name)

(Address)

(Address)

(Copies/Status/Phone #)

PICKUP WAIT MAIL

(Business Entry Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APPROVED
AND
FILED
13 OCT -3 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 9 2013
EXAMINER

COVERLETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **Safer Compass Foundation**

DOCUMENT NUMBER: **N13000004533**

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey M. Childers

(Name of Contact Person)

Safer Compass Foundation

(Firm/ Company)

16143 SW 71 Terrace

(Address)

Miami, FL 33193

(City/ State and Zip Code)

Jeffchilders@gmail.com

(E-mail address: (to be used for future annual report notification))

For further information concerning this matter, please call:

Jeffrey M. Childers at **305**) **224-3211**

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$33 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed) |
|--|---|--|--|

Mailing Address:
Amendment Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Citizen Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPROVED
AND
FILED

Articles of Amendment
to
Articles of Incorporation
of

13 OCT - 3 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Safer Compass Foundation INC
(Name of Corporation as currently filed with the Florida Dept. of State)
N13000004533

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this Florida Not For Profit Corporation adopts the following amendment(s) to its Articles of Incorporation:

A. If amended name, enter the new name of the corporation:
N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used by the name.

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS) N/A

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX) N/A

D. If amending the registered agent and/or registered office address in Florida, enter the name of this new registered agent and/or the new registered office address:

Name of New Registered Agent: N/A

(Please enter address)

New Registered Office Address: N/A Florida N/A (Zip Code)

New Registered Agent's Signature. If changing Registered Agent, I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)
 Please use the appropriate title by the first letter of the officer title:
 P - President; Y - Vice President; T - Treasurer; S - Secretary; D - Director; TR - Treasurer; C - Chairman or Clerk; CEO - Chief Executive Officer; CFO - Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner: Currently John Doe is listed on the PTD and Mike Jones is listed as the Y. There is a change. Mike Jones leaves the corporation, Sally Smith is named the Y and S. These should be noted as John Doe, PT or a Change, Mike Jones, Y or Remove, and Sally Smith, SY or an Add.

Example:
 Change John Doe
 Remove Mike Jones
 Add Sally Smith

Type of Action
(Check One)

Title Name

Address

1) Change VP Jonathan Childers

711 Forest Club Drive Suite 209
 Wellington, FL 33414

Add
 Remove

2) Change VP Jose Arias

1700 SW 86 AVE
 Miami, FL 33155

Add
 Remove

3) Change VP Arnold Palmer

4910 SW 90 Court
 Miami, FL 33165

Add
 Remove

4) Change D Eliezer D. Falcon

16143 SW 71 Terrace
 Miami, FL 33193

Add
 Remove

5) Change D Scott Howell

2222 Neilson Way Suite #301
 Santa Monica, Ca. 90405

Add
 Remove

6) Change
 Add
 Remove

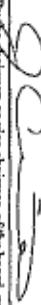
The date of each amendment(s) adoption: N/A APPROVED
AND
FILED if other than the
date this document was signed.

Effective date if applicable: October 1, 2013 13 OCT - 3 PM '13
(for more than 90 days after amendment file deadline) SECRETARY OF STATE
ALLAHASSI, FLORIDA

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/01/2013

Signature 

(By the chairman or vice chairman of the board, president or other officer if directors have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by their fiduciary)

Jeffrey M. Childers

(Typed or printed name of person signing)

President

(Title of person signing)

**Electronic Articles of Incorporation
For**

N13000004533
FILED
May 14, 2013
Sec. Of State
rdunlap

SAFER COMPASS FOUNDATION, INC.

The undersigned incorporator, for the purpose of forming a Florida not-for-profit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

SAFER COMPASS FOUNDATION, INC.

Article II

The principal place of business address:

16143 SW 71 TERRACE
MIAMI, FL. 33193

The mailing address of the corporation is:

16143 SW 71 TERRACE
MIAMI, FL. 33193

Article III

The specific purpose for which this corporation is organized is:

TO EDUCATE THE GENERAL PUBLIC IN INNOVATIVE TECHNIQUES
DESIGNED TO ENHANCE CURRENT EMERGENCY PROCEDURES.

Article IV

The manner in which directors are elected or appointed is:

AS PROVIDED FOR IN THE BYLAWS.

Article V

The name and Florida street address of the registered agent is:

JEFFREY CHILDERS
16143 SW 71 TERRACE
MIAMI, FL. 33193

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: JEFFREY CHILDERS

N13000004533
FILED
May 14, 2013
Sec. Of State
rdunlap

Article VI

The name and address of the incorporator is:

JEFFREY CHILDERS
16143 SW 71 TERRACE

MIAMI, FL. 33193

Electronic Signature of Incorporator: JEFFREY CHILDERS

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
JEFFREY CHILDERS
16143 SW 71 TERRACE
MIAMI, FL. 33193 US

Title: VP
JOSE ARIAS
1700 SW 86TH AVE
MIAMI, FL. 33155 US

Title: VP
JONATHAN CHILDERS
711 FOREST CLUB DR SUITE 209
WELLINGTON, FL. 33414 US

Article VIII

The effective date for this corporation shall be:

05/14/2013