Memorandum

MIAMI-DADE COUNTY

Date: August 28, 2006

Attachment G

To: George M. Burgess
County Manager

From: Jennifer Glazer-Moon, Director
Office of Strategic Business Management

Subject: County Services Reserve Allocation Process

The Board of County Commissioners (BCC) has expressed the need to examine and improve the process by which in-kind reserve allocations are made and how the funds should be distributed, whether countywide or district specific, in addition to concerns with the loss of revenue to proprietary departments.

In response to these concerns the creation of the County Services Reserve was included in the FY 2006-07 Resource Allocation Plan. This reserve totals $840,000 ($60,000 for each elected office) to be allocated to provider County departments on behalf of the community-based organizations (CBOs) for those services previously requested and provided through the in-kind process for community events. This would allow all departments providing these contracted services to be compensated, including propriety departments.

To simplify the distribution of allocation(s) from the County Services Reserve, the Office of Strategic Business Management (OSBM) developed the attached application agreement form. Funding from the County Services Reserve would be processed in the same manner as the Discretionary Reserve allocations. An organization/agency requesting funding from the County Services Reserve will be required to submit a signed application agreement form to the elected official's office. This agreement also requires the requesting organization/agency to include estimates from the provider departments that will assist the elected official in determining what services to fund. Once the elected official has approved the amount to be allocated, the allocation is presented to the BCC for approval via motion or resolution. Upon receipt of the completed signed application agreement, OSBM will be responsible for transferring the dollars to the provider departments upon approval of the allocations by the Board of County Commissioners.

Attachment

jgm06306a

MIAMI-DADE COUNTY

APPLICATION AND AGREEMENT FOR COUNTY SERVICES RESERVE FUND

ALLOCATIONS FOR 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

1. Full Legal Name of Recipient Organization: _____

2. Organization Federal ID Number: _____

3. Applicant Status: (Select one of the choices below)
   - ❑ Not-For-Profit *
   - ❑ For-Profit
   - ❑ Schools
   - ❑ County Sponsored Event/Sponsoring Department _____
   - ❑ Other (specify): _____
   - ❑ Local Government or Public Entity
   - ❑ Tax Exempt

   * Must be legally incorporated as not-for-profit organizations with a designated tax exempt status determined by the United States Internal Revenue Services

4. Contact Person (s): _____

   Telephone Numbers(s): _____ Fax Number: _____

   Address: _____

   City: _____ State: _____ Zip Code: _____

   e-mail address (if applicable): _____

   Prior to submitting this application for approval – you must contact provider department(s) to obtain written cost estimates

   Name of Event _____ Date of Event: _____

5. Description and purpose of the event (if event is a fund-raiser, define the beneficiaries): _____

6. Services requested (i.e. police, fire rescue, rental of equipment, etc.) _____

7. Indicate provider department written cost estimates (attach invoices/proposals/quotes):

   Police: $_____ Fire: $_____ Park and Recreation: $_____ Team Metro: $_____

   Transit: $_____ Corrections: $_____ Other (specify) $_____ **Total Requested $** _____

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

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

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

I hereby certify that all the statements made in this application are true and correct.

_____	_____	_____
Print Name of Authorized Representative	Signature of Authorized Representative	Date

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Amount Allocated $ _____ at the _____ BCC Meeting

_____	_____
Elected Official's Signature and Approval	Date Approved

Contact Barbara Galvez, OSBM Budget Analyst, at (305) 375-5302 for further assistance.