

MEMORANDUM

Agenda Item No. 7(M)(2)(C)

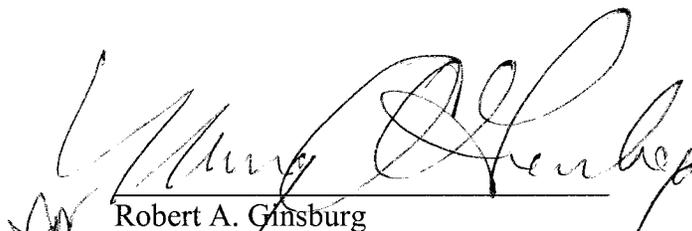
TO: Honorable Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: February 3, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Resolution authorizing fee
waiver for Miami Metrozoo
for annual Sickle Cell Walk

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



Robert A. Ginsburg
County Attorney

RAG/bw



MEMORANDUM

(Revised)

TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: February 3, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Agenda Item No. 7(M)(2)(C)

Please note any items checked.

- "4-Day Rule" ("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**
- Bid waiver requiring County Manager's written recommendation**
- Ordinance creating a new board requires detailed County Manager's report for public hearing**
- Housekeeping item (no policy decision required)**
- No committee review**

Approved _____ Mayor

Agenda Item No. 7(M)(2)(C)

Veto _____

2-3-04

Override _____

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING WAIVER OF ADMISSION FEES AND THE FIELD RENTAL FEE AT METROZOO FOR THE ANNUAL SICKLE CELL WALK SPONSORED BY 100 BLACK MEN OF SOUTH FLORIDA, INC. AND THE SICKLE CELL DISEASE ASSOCIATION OF AMERICA, DADE COUNTY CHAPTER, INC. ON JANUARY 10, 2004 IN AN AMOUNT NOT TO EXCEED \$4,970

WHEREAS, 100 Black Men of South Florida, Inc. and the Sickle Cell Disease Association of America, Dade County Chapter, Inc., have requested a waiver of admission fees and the field rental fee in an amount not to exceed \$4,970 for the January 10, 2004 Annual Sickle Cell Walk at Miami Metrozoo (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the Sickle Cell Walk is a County-wide event,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes the waiver of admission fees and the field rental fee for the January 10, 2004 Sickle Cell Walk at Miami Metrozoo in an amount not to exceed \$4,970.

The foregoing resolution was sponsored by Commissioner Dennis C. Moss and offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

Dr. Barbara Carey-Shuler, Chairperson
Katy Sorenson, Vice-Chairperson
Bruno A. Barreiro
Betty T. Ferguson
Joe A. Martinez
Dennis C. Moss
Natacha Seijas
Sen. Javier D. Souto
Jose "Pepe" Diaz
Sally A. Heyman
Jimmy L. Morales
Dorin D. Rolle
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day February, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Mariela Martinez-Cid

Dec 11 03 09:50a Chester
DEC-08-2003 15:25 FROM: COMMISSIONER MOSS

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3059443867
TO: 3059443867

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MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

Please complete the following form in its entirety and submit completed form along with requested materials, if applicable, to:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2236
Fax: (305) 375-3968

*Requests will not be considered without completion of this application.

Type of Event/Application (select one of the following):

- District Event - Request for fee waiver/in-kind services will require Contribution sponsor (Complete questions 1-7, sign, date and submit prior to event)
- 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)
- 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)

1. Full legal name of the requesting organization: 100 BLACK MEN OF SOUTH FLA, INC/SICKLE CELL DISEASE ASSC. OF AMERICA
DADE COUNTY CHAPTER, INC

2. Corporate Status: Select one of the choices below (For profit entities are not eligible):
 Not-For-Profit or Tax Exempt (attach proof)
 Local Government or Public Entity
 Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): ELLIS ADGER,
1520D SW 153 COURT, MIAMI, FL 33187 (305) 552-4130 (OFF), 305 613-6842 (CELL)
305 552-4955 (FAX) ellis.a.adger@fpl.com

4. Specify fee waiver or in-kind service requested (quantity, if applicable): WAIVER OF METROZOO EVENT FEE
FOR INDIVIDUALS ATTENDING ANNUAL SICKLE CELL WALK/ RUN FOR
SICKLE CELL ANEMIA JANUARY 10, 2004, 7AM - 12 NOON

5. Name, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): FUNDRAISER FOR SICKLE
CELL DISEASE ASSOCIATION TO PROVIDE ONGOING SERVICES TO INDIVIDUALS
LIVING WITH SICKLE CELL DISEASE AND THEIR FAMILIES. SICKLE CELL
DISEASE IS AN INHERITED, CHRONIC BLOOD DISORDER THAT AFFECTS
12,000 AMERICANS. THERE ARE NEARLY 2,500 SICKLE CELL PATIENTS
IN MIAMI-DADE COUNTY.

6. Please select ALL that apply to event:
 Economic Development: Event supports vitality or growth of the local economy
 Youth/Children: 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 traditions that improve quality of life within the community
 Arts and Culture: Event supports music, theater, literature, art or culture
 Environmental: Event benefits environmental concerns or promotes conservation
 Sports and Activities: Event supports/promotes organized sports or recreational participation

7. Physical address of event venue (please specify Commission Districts): MIAMI METROZOO, 12420 SW 152 ST
MIAMI 33177 (DISTRICT 9)

Dec-11-03 12:53 From-FPL

905 562 4955

T-217 P 004/004 F-268

12/11/2003 12:53:00 PM Lester

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DEC-08-2003 15:25 FROM:COMMISSIONER MOSS

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TO:3059443867

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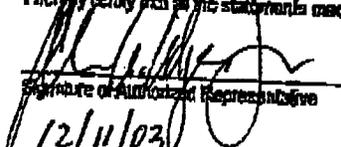
- 8. Description of regional or local impact: _____

- 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): _____

- 11. Expected number of participants and estimated attendance (per day, if applicable): 2,000
- 12. Itemized budget including total event budget, total host budget 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
12/11/03
 Date

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