

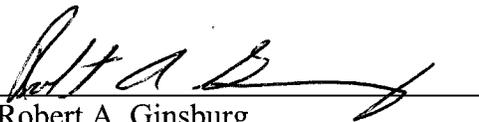
MEMORANDUM

Agenda Item No. 10(A)(3)

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 in-kind services to the West Perrine Community Development Corp. for the Martin Luther Parade

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. 10(A)(3)

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. 10(A)(3)

Veto _____

2-3-04

Override _____

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING PROVISION OF IN-KIND SERVICES TO THE WEST PERRINE COMMUNITY DEVELOPMENT CORPORATION FOR THE MARTIN LUTHER KING BAND EXTRAVAGANZA TO BE HELD ON JANUARY 16, 2004 AND THE MARTIN LUTHER KING PARADE IN PERRINE TO BE HELD ON JANUARY 17, 2004 IN AN AMOUNT NOT TO EXCEED \$14,132 AND RETROACTIVELY AUTHORIZING PROVISION OF IN-KIND SERVICES TO THE NEW VISION DR. MARTIN LUTHER KING PARADE TASK FORCE COMMITTEE FOR THE TWENTIETH ANNUAL DR. MARTIN LUTHER KING, JR. PARADE TO BE HELD ON JANUARY 17, 2004 IN AN AMOUNT NOT TO EXCEED \$915

WHEREAS, the West Perrine Community Development Corporation, a non-profit organization, has requested a provision of in-kind services from the Miami-Dade Police Department in the amount of \$4,000, the Miami-Dade Fire Rescue Department in the amount of \$3,000, and bleachers from the Miami-Dade Park and Recreation Department in the amount of \$7,132 for the January 16, 2004 Martin Luther King Band Extravaganza and the January 17, 2004 Martin Luther King Parade, (see attached Fee Waiver/In-Kind Service Applications); and

WHEREAS, the New Vision Dr. Martin Luther King Parade Task Force Committee has requested a provision of in-kind services from the Miami-Dade Fire Department in the amount of \$915 for the January 17, 2004 twentieth annual Dr. Martin Luther King, Jr. Parade (see attached Fee Waiver/In-Kind Service Applications); and

WHEREAS, these events are County-wide,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes the provision of in-kind services from the Miami-Dade Police, Fire, and Park and

Recreation Departments for the January 16, 2004 Martin Luther King Band Extravaganza and the January 17, 2004 Martin Luther King Parade in an amount not to exceed \$14,132. In addition, the Board retroactively authorizes a provision of in-kind services from the Miami-Dade Fire Department for the January 17, 2004 twentieth annual Dr. Martin Luther King, Jr. Parade in an amount not to exceed \$915.

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	Jose "Pepe" Diaz
Betty T. Ferguson	Sally A. Heyman
Joe A. Martinez	Jimmy L. Morales
Dennis C. Moss	Dorin D. Rolle
Natacha Seijas	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of 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

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

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:

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

Phone: (305) 375-2836
Fax: (305) 375-3968

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

- 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.)

1. Full legal name of the requesting organization: West Perrine Community Development Corp., Inc.

2. Applicant Status: (Select one of the choices below)

- Not-For-Profit or Tax Exempt Local Government or Public Entity
- For-Profit
- County Sponsored Event/Sponsoring Department _____
- Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Ed Hanna, Jr., President
17755 Homestead Avenue, Miami, FL 33157
Email: wpcdc@aol.com

4. Specify fee waiver or in-kind service requested (quantity, if applicable): See ATTACHMENT - A

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): West Perrine
Community Development Corp., Inc. Annual Martin Luther King, Jr. Parade in
West Perrine Community on January 17, 2004

6. Please select ALL that apply to event:

- Economic Development: Event supports vitality or growth of the local economy
- 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
- Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): District #9, West Perrine
Corner of Homestead Ave. & SW 184th Street (Eureka Dr.) West to SW 104th Ave. go
North on SW 104 Avenue

Page 1 of 1
Revised: 10/9/2003

Fire \$620.
Police \$24,000

6

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

- 8. Description of regional or local impact: N/A
- 9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): N/A
- 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): N/A
- 11. Expected number of participants and estimated attendance (per day, if applicable): N/A
- 12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

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

Edward H. [Signature]

Signature of Authorized Representative

October 23, 2003

Date

7

ATTACHMENT - A

Department

Type of Services Being Requested

Miami Dade Fire Rescue

Firewatch
Rescue Stand by

Miami Dade Police Department

Security for the event
Barricades *pw*

Miami-Dade Park & Recreation

(4) Bleachers (Ten Tier seating 250
individuals)

8

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

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:

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

Phone: (305) 375-2836
Fax: (305) 375-3968

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

- 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 6,000 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.)

1. Full legal name of the requesting organization: West Perrine Community Development Corporation, Inc.

2. Applicant Status: (Select one of the choices below)

- Not-For-Profit or Tax Exempt
- Local Government or Public Entity
- For-Profit
- County Sponsored Event/Sponsoring Department _____
- Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Ed Hanna, Jr., President
17755 Homestead Avenue, Miami, FL 33157
Email: wpcdc@aol.com

4. Specify fee waiver or in-kind service requested (quantity, if applicable): Miami-Dade Police Department for security; Miami Dade Fire Rescue- Rescue Standby and Firestation; Miami-Dade Park & Recreation Dept. - (16) Ten Tier Bleacher (250 Seaters)

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): West Perrine Community Development Corp., Inc. 2nd Annual Band Extravaganza to be held at Florida International University-South Campus Stadium, two performances 10:00 a.m. morning Miami-Dade County Public Schools and 7:00 p.m. General Public January 16, 2004

6. Please select ALL that apply to event:

- Economic Development: Event supports vitality or growth of the local economy
- 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
- Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): Florida International University South Campus Stadium, 11200 SW 8th Street Miami, FL District 9 / Countywide

Page 1 of 1
Rev. 10/2003

Fire \$ 3000
Police \$ 4000
Parks \$ 7,32

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

- 8. Description of regional or local impact: This event is geared to Southwest Dade and may expand to Northwest Dade
- 9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Set up time for for 16 Bleachers 4:00 p.m. (1/15/04), pickup (1/17/04) at 4:00 a.m. Morning performance 10:00 a.m. - 12:30 p.m.; Evening performance 6:30 p.m. - 12:00 p.m. for Police and Fire services.
- 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): The Band Extravaganza is a part of the Martin L. King Festivity and will take place on the Fla. International University Stadium-South Campus
- 11. Expected number of participants and estimated attendance (per day, if applicable): Less than 5000 morning event and greater than 5000 evening event.
- 12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Budget is in process

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

Edward Arana
Signature of Authorized Representative

October 23, 2003
Date

10

BRADDADE COUNTY
FEE WAIVER/IN-KIND SERVICE 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) 376-2534
Fax: (305) 376-3808

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

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

- Charity Event** - Request for fee waiver/in-kind services will require Commission 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 90 days prior to event date)

1. Full legal name of the requesting organization: New Vision - MLC Parkside Task Force Center

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.): Willie Brown

(305) 443-1936

4. Specify fee waiver/in-kind service requested (quantity, if applicable): tickets, solid waste, & police and sound.

5. N/A
Name, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

6. Please select ALL that apply to event:

- Economic Development:** Event supports vitality or growth of the local economy
- Youth Activities:** 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
- Recreation and Athletics:** Event supports/promotes organized sports or recreational participation

7. Physical address of event venue (please specify Commission District(s)): District 9

- 8. Description of regional or local impact: 3000 people
- 9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
- 10. Detailed description of event, venue, dates or schematic of event, routes, access points, surrounding roadways and traffic flow directions, if applicable: See the attached map & summary.
- 11. Expected number of participants and estimated attendance (per day, if applicable):
- 12. Revised budget, including total event budget, total host budget and total commitments of resources (attach additional pages as needed):

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

William A. Brown
Signature of Authorized Representative

12/15/2003
Date