

## MEMORANDUM

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

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

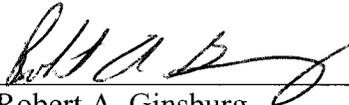
**DATE:** January 20, 2004

**FROM:** Robert A. Ginsburg  
County Attorney

**SUBJECT:** In-kind services for the  
Special Olympics

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The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Sally A. Heyman.

  
Robert A. Ginsburg  
County Attorney

RAG/bw



# MEMORANDUM

(Revised)

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

**DATE:** January 20, 2004

**FROM:** Robert A. Ginsburg  
County Attorney

**SUBJECT:** Agenda Item No. 7(M)(2)(A)

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  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 7 (M) (2) (A)  
1-20-04

RESOLUTION NO. \_\_\_\_\_

RESOLUTION APPROVING THE PROVISION OF IN-KIND  
SERVICES TO SPECIAL OLYMPICS MIAMI-DADE COUNTY  
IN AN AMOUNT NOT TO EXCEED \$1,086.00

**WHEREAS**, Special Olympics Miami-Dade County has requested that Miami-Dade County provide in-kind services for the Special Olympics Miami-Dade County's Summer Games on February 29, 2004, and this Board desires to provide such in-kind service in an amount not to exceed \$1,086.00 (see attached Fee Waiver/In-Kind Services Application),

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA**, that this Board approves a waiver of fees for the provision of in-kind services from the Miami-Dade Parks Department for the use of its Showmobile, including all necessary supplies, labor and equipment, in an amount not to exceed \$1,086.00 for the Special Olympics Miami-Dade County's Summer Games on February 29, 2004.

The foregoing resolution was sponsored by Commissioner Sally A. Heyman, 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	

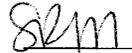
The Chairperson thereupon declared the resolution duly passed and adopted this 20<sup>th</sup> day of January, 2004. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

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.



Stephanie R. Miller

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:

305-375-5634

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):

- 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: SPECIAL OLYMPICS MIAMI-DADE COUNTY

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

- Not-For-Profit or Tax Exempt
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.): ALAN SINGER
19436 NE 26 AVE, # 374, MIAMI, FL 33120
305-935-4733

4. Specify fee waiver or in-kind service requested (quantify, if applicable): FEE WAIVER FOR LARGE SHOWMOBILE TO BE USED AT SPECIAL OLYMPICS EVENT ON FEBRUARY 29, 2004 (SUNDAY)

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): SPECIAL OLYMPICS MIAMI-DADE COUNTY SUMMER GAMES (A TRAIL & FIELD MEET) TO BE HELD ON FEB. 29, 2004. OVER 600 RETARDED ATHLETES COMPETE IN THE LARGEST EVENT OF THE YEAR WITH OVER 3,000 STUDENT VOLUNTEERS ASSISTING. THESE MENTALLY RETARDED ATHLETES ARE ATTEMPTING TO QUALIFY FOR THE FLORIDA SPECIAL OLYMPICS STATE MEET HELD IN TAMPA FL

6. Please select ALL that apply to event:

- 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
Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): NORTH MIAMI ATHLETIC STADIUM - N.E. 151st STREET & BISCAYNE BLVD -- DISTRICT # 4

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

8. Description of regional or local impact: ALLOWS 600 RETARDED ATHLETES TO COMPETE IN A FULLY QUALIFYING TRACK & FIELD MEET PERMITTING THEM TO "BE ALL THAT CAN BE". ALSO IT ASSISTS IN BREAKING DOWN THE OLD STEREOTYPES WITH THE MENTALLY RETARDED & THE PUBLIC AT LARGE.
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): REGISTRATION STARTS AT 7AM - PARADE OF ATHLETES STARTS AT 9:15 AM - COMPETITION BEGINS AT 9<sup>45</sup> AND ENDS BY 4 PM. IT IS A ONE DAY EVENT.
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): ACCESS TO STADIUM IS OFF NE 151<sup>ST</sup> INTO THE PARKING LOT. THE STADIUM IS A FOOTBALL/SOCCER FIELD WITH A TRACK RUNNING AROUND THE ENTIRE PERIMETER. ALL EVENTS ARE HELD WITHIN THE COUNTERS OF THE STADIUM. THE STADIUM HAS SEATING FOR 50,000.
11. Expected number of participants and estimated attendance (per day, if applicable): 1 DAY EVENT WITH 600 MENTALLY RETARDED ATHLETES & 3,000 STUDENT VOLUNTEERS.
12. Itemized budget, including total event budget, total budget of host organization, if applicable, 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]*  
 Signature of Authorized Representative

11/06/03  
 Date

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