

MEMORANDUM

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

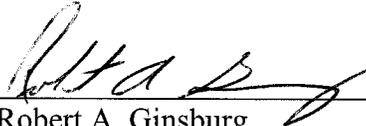
TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: April 13, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Resolution relating to
waiver of fees for Nuevo
Caminar Ministerio Catolico's
use of Camp Owaissa Bauer

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Rebeca Sosa.


Robert A. Ginsburg
County Attorney

RAG/jls



MEMORANDUM

(Revised)

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

DATE: April 13, 2004

FROM: Robert A. Ginsburg
County Attorney

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

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) (B)

Veto _____

4-13-04

Override _____

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING WAIVER OF FEES FOR NUEVO CAMINAR MINISTERIO CATOLICO'S USE OF CAMP OWAISSA BAUER ON JANUARY 9-11, 2004 IN AN AMOUNT NOT TO EXCEED \$1,530.80

WHEREAS, Nuevo Caminar Ministerio Catolico, translated as "New Path Catholic Ministries" (the "Ministry"), is an organization dedicated to assist families struggling with substance abuse; and

WHEREAS, the Ministry has requested a waiver of campground rental fees at the Park and Recreation Department's Camp Owaissa Bauer on January 9-11, 2004, valued at \$1,530.80 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the Ministry's retreat is a district event,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively approves a waiver of campground rental fees for the Ministry's use of Camp Owaissa Bauer on January 9-11, 2004, in an amount not to exceed \$1,530.80.

The foregoing resolution was sponsored by Commissioner Rebeca Sosa 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
Dorrin D. Rolle
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 13th day of April, 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

004

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: NUEVO CAMINAR Ministerio Catolico

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

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

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):
Ramon CABRERA cell - 305-796-7202 FAX 305-863-3355
727 E. 9 ST HIAKAH, FL 33010

4. Specify fee waiver or in-kind service requested (quantify, if applicable): CAMP RENTAL \$1,530.80
RETROACTIVE IN-KIND SERVICE

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
SEMINARIO NUEVO CAMINAR - RETREAT 1-9-04 thru 1-11-04.

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)): CAMP OLWISSA BAYVIEW AT
17001 SW 264 ST. HOMESBURG FL 33031

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

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): _____

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

1-28-04
Date

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