

MEMORANDUM

Agenda Item No. 8(O)(2)(A)

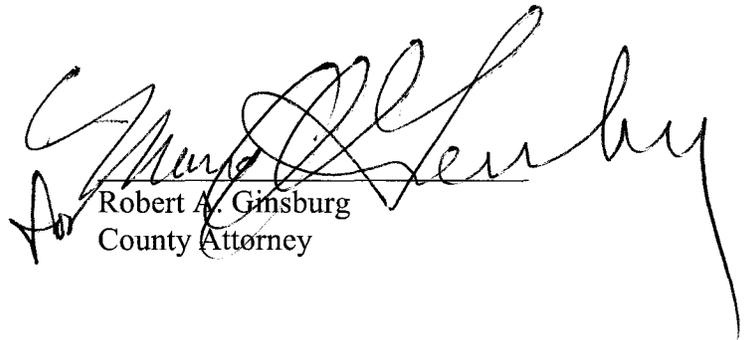
TO: Hon. Chairperson Barbara Carey-Shuler, Ed.D.
and Members, Board of County Commissioners

DATE: May 11, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Resolution retroactively
approving the provision of
In-Kind Services to the 2004
Community Health of South
Dade, Inc.'s Comedy
Extravaganza

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



Robert A. Ginsburg
County Attorney

RAG/jls



MEMORANDUM

(Revised)

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

DATE: May 11, 2004

FROM: Robert A. Ginsburg
County Attorney

SUBJECT: Agenda Item No. 8(O)(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

Agenda Item No. 8(O)(2)(A)

Veto _____

5-11-04

Override _____

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING A PROVISION
OF IN-KIND FIRE RESCUE SERVICES FOR THE MARCH 20,
2004 COMMUNITY HEALTH OF SOUTH DADE, INC.'S COMEDY
EXTRAVAGANZA IN AN AMOUNT NOT TO EXCEED \$1,200

WHEREAS, Community Health of South Dade, Inc. has requested a provision of Miami-Dade Fire Rescue services, valued at \$1,200, for its March 20, 2004 comedy extravaganza to benefit the development of the Children's Crisis Center in Homestead, Florida (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the Community Health of South Dade, Inc.'s comedy extravaganza is a district event,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that the Board retroactively authorizes a provision of Fire Rescue services for the March 20, 2004 Community Health of South Dade, Inc. comedy extravaganza in an amount not to exceed \$ 1,200.

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

Dorrian D. Rolle

Natacha Seijas

Rebeca Sosa

Sen. Javier D. Souto

The Chairperson thereupon declared the resolution duly passed and adopted this 11th day of May, 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

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) 375-2836
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 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 60 days prior to event date)

1. Full legal name of the requesting organization: Community Health of South Dade, 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.): Brodes H. Hartley, Jr.
President/CEO, CHI, 10300 SW 216 Street, Miami, FL 33190 305 252-4853.
P - 305 254-2011, bhartley@hcnetwork.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fire rescue support for the evening
of March 20, 2004

5. Name, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Fund raiser to benefit the
development of a children's crisis center. The event is a comedy extravaganza to be held
at Homestead Sports Complex, Sat March 20, 7 pm - 9:30 pm. The Children's Crisis Center
is to be located at the Martin Luther King, Jr. Clinick Campusina, 810 West Mowry
Street, Homestead, FL 33030

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)): Homestead Sports Complex
Homestead, FL District 9 1601 SE 28 Avenue, Homestead

8. Description of regional or local impact: Approximately 4,000 individuals will attend this event and the impact will be local with some traffic to and from the complex
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable). Event will occur between 7 - 9:30 p.m. on March 20, 2004. We expect attendees to begin to arrive at 6:00 p.m., and the stage set up at 3:00 p.m. and breakdown at 10:00 p.m.
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable). Event venue is the Homestead Sports Complex
11. Expected number of participants and estimated attendance (per day, if applicable). We expect approximately 4,000 attendees at this one day event on March 20, 2004
12. Itemized budget, including total event budget, total host budget and total commitment of resources (attach additional pages as needed).
See attached

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



Signature of Authorized Representative

Brodes H. Hartley, Jr.

Pres/CEO 3/1/04

Date

CHIBudget2

Day After Friday Comedy Show

Plan

Ticket Sales:

VIP	1000	\$39.00	\$ 39,000
General Admission	3000	\$27.00	\$ 71,000
Total Projected Income:			\$ 110,000

Projected Expenses:

Mo'Nique			\$ 40,000
Finesse Mitchell/Money Mike			\$ 10,000
Sound & Lighting			
Rental User Fee			\$ 6,500
Security/Public Safety			\$ 5,000
Radio Advertising			\$ 4,000
Refundable Security Deposit			\$ 2,500
Miami Dade Rescue Unit			\$ 1,200
Print Advertising			\$ 1,000
General Liability Insurance			\$ 500
Ground Transportation			\$ 300
Standby City Electrician			\$ 200
Talent Hospitality			\$ 100
Hotels			\$ 600
ALL PRODUCTION by Fantasma (Below)			\$ 30,000
40X40 stage			
Sound, pa, mics, etc.			
Lighting 120 Lights			
2 Spotlights			
6 Man Stage Crew			
1 Production Manager			
2 Generators			
Total Projected Expenses			\$ 101,900
Total Event Profit/Deficit			\$ 8,100

All numbers are rough, preliminary estimates are for discussion purposes only.
 Final numbers may invalidate some of these assumptions.

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