

MEMORANDUM

Agenda Item No. 11(A)(8)

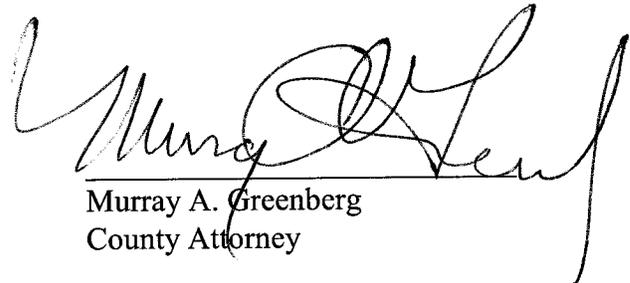
TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: October 18, 2005

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution authorizing
in-kind services for the
Nuevo Caminar Retreats

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



Murray A. Greenberg
County Attorney

MAG/jls



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: October 18, 2005

FROM: 
Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No. 11(A)(8)

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. 11(A)(8)
10-18-05

RESOLUTION NO. _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARKS AND RECREATION DEPARTMENT FOR THE OCTOBER 21-23, 2005 AND THE JANUARY 13-15, 2006 NUEVO CAMINAR RETREATS FOR SUBSTANCE ABUSE RECOVERY AT CAMP GREYNOLDS IN AN AMOUNT NOT TO EXCEED \$802.00 TO BE FUNDED FROM THE DISTRICT 6 IN-KIND RESERVE FUND

WHEREAS, Nuevo Caminar has requested in-kind services from the Miami-Dade Park and Recreation Department for the October 21-23, 2005 and the January 13-15, 2006 Retreats for Substance Abuse Recovery at Camp Greynolds in an amount not to exceed \$802.00 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the Nuevo Caminar Retreat for Substance Abuse Recovery is a small event, as that term is defined in the attached Fee Waiver/In-Kind Service Application and the in-kind services shall be funded from the District 6 In-kind Reserve Fund,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes in-kind services from the Miami-Dade Park and Recreation Department for the October 21-23, 2005 and the January 13-15, 2006 Nuevo Caminar Retreats for Substance Abuse in an amount not to exceed \$802.00 to be funded from the District 6 In-kind Reserve Fund.

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:

Joe A. Martinez, Chairman
Dennis C. Moss, Vice-Chairman

Bruno A. Barreiro
Jose "Pepe" Diaz
Sally A. Heyman
Dorrin D. Rolle
Katy Sorenson
Sen. Javier D. Souto

Dr. Barbara Carey-Shuler
Carlos A. Gimenez
Barbara J. Jordan
Natacha Seijas
Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 18th day of October, 2005. 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.

DDC

Diamela del Castillo

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: Dunes Community

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.):
Ramon Cabrera
707 E. 9 St. Hollywood, FL 33010
PH: 305-347-796-7202

4. Specify fee waiver or in-kind service requested (quantify, if applicable):
Fee waiver for
use of Camp Graylands.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Seminar Jan 13, 14, 15 - 2006
Special Retreat for recovery
substance abuse. Countywide

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)):
17500 West Dixie Hwy
M-D-B FL 33160
Graylands Park

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):

Starting Friday thru Sunday Jan 13, 14, 15

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

6/30/05
Date

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

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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: Novo Caminar

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

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

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Ramon Cabrera
727 E A ST. Halland FL 3300
PH: 305-796-7202

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee waiver for
use of Camp Greyhounds

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Seminar Oct 21, 2005
Special Retreat for recovery of
Substance Abuse County Wide

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)): Greyhounds Park
17530 W. Dixie Hwy
M.M.D., FL 33160

MIAMI-DADE COUNTY
FEE WAIVER/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): Starting Friday thru Sunday Oct 21, 22, 23
- 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

6/30/05
Date

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Memorandum



Date: October 18, 2005

To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: George M. Burgess
County Manager 

Subject: District Specific In-Kind Reserve Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The district specific in-kind reserve balance allows for the funding of this request.

Background

In-kind services are being requested by a not-for-profit organization Nuevo Caminar Ministerio Catolico for their Recovery Substance Abuse Seminars scheduled for October 21-23, 2005 and January 13-15, 2006 at Camp Greynolds.

In-kind services have been requested in the amount of \$802 from the Park and Recreation Department for the camping fees. This event will be funded from FY 2005-06 District 6's district specific in-kind reserve, pending approval of the reserve as part of the budget hearing process in September 2005.

In FY 2004-05 the Nuevo Caminar Ministerio Catolico received \$1,931.00 in-kind services from the District 6 district specific in-kind reserve.

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