

MEMORANDUM

Agenda Item No. 11(A)(25)

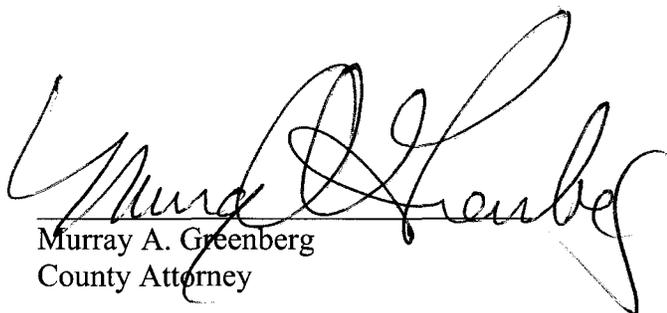
TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: January 24, 2006

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
from Fire Rescue Dept. for the
Alhambra Heights Residential
Fundraising Carnival

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Audrey M. Edmonson.



Murray A. Greenberg
County Attorney

MAG/bw



MEMORANDUM

(Revised)

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

DATE: January 24, 2006

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No. 11(A)(25)

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. 11(A)(25)

Veto _____

1-24-06

Override _____

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE FIRE RESCUE DEPARTMENT FOR THE ALHAMBRA HEIGHTS RESIDENTIAL FORCE, INC.'S DECEMBER 8-11, 2005 ALHAMBRA HEIGHTS FUNDRAISING CARNIVAL IN AN AMOUNT NOT TO EXCEED \$5192.25 TO BE FUNDED FROM THE FIRE RESCUE DISTRICT BUDGET

WHEREAS, Alhambra Heights Residential Force, Inc. has requested in-kind services from the Miami-Dade Fire Rescue Department for the December 8-11, 2005 Alhambra Heights Fundraising Carnival in an amount not to exceed \$5192.25 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the Alhambra Heights Fundraising Carnival is a district 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 Fire Rescue District Budget,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services from the Miami-Dade Fire Rescue Department for the Alhambra Heights Residential Force, Inc.'s December 8-11, 2005 Alhambra Heights Fundraising Carnival in an amount not to exceed \$5192.25 to be funded from the Fire Rescue District Budget.

The foregoing resolution was sponsored by Commissioner Audrey M. Edmonson 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
Audrey M. Edmonson	Carlos A. Gimenez
Sally A. Heyman	Barbara J. Jordan
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

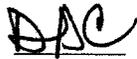
The Chairperson thereupon declared the resolution duly passed and adopted this 24th day of January, 2006. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

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.



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 80 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: Alhambra Heights Residential Assoc

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.): Beverly Hilton
12955 Biscayne Blvd, North Miami, 33181
756-553-8555 - Fax 305-685-0467 - Alhambraheights@aol.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): _____

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Alhambra Heights Carnival - Fundraiser AFTER -
SCHOOL Program - GRU H 5th grade thru High
SCHOOL

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 2 - 3
1355 NW 135 STREET
We serve District 1-2-3 and 4

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

- 8. Description of regional or local impact: This will have a tremendous impact on our community. Building a together neighborhood that brings people from all walks of life together in a positive manner. This is our first community festival. We are proud to be involved in this endeavor.
- 9. Daily/hourly event schedule, including set-up and breakdown/schedule (attach event calendar, if applicable): See Attached
- 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): NW 135 Street & 13th Avenue
- 11. Expected number of participants and estimated attendance (per day, if applicable): Approx 2 this is our first estimate. Approximately 1500-Attendees
- 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.

B. Hinton
Signature of Authorized Representative

11/16/05
Date

**Application for Allocation of
Community-based Organization (CBO) District Discretionary Reserve and Office Funds**
(Application must include completed W-9 Form attached)

11/14/05 (3) 1-2-3-4 71-0922146
Date Commission District Organization Tax ID:

Alhambra Heights Residential Force, Inc.
Legal Name of Recipient Organization or Name of County Department

After School Fundraising Carnival, Alhambra Heights
Program to be funded/reason for funding support

Amount Requested \$ _____

Organization Information:

Contact Person(s): Beverly Hilton

Telephone Number(s): 786-553-8555 Fax Number: 305-688-0467

Address: 12555 Biscayne Blvd

City: North Miami, FL Zip Code: 33181

e-mail address (if available): alhambraheights@aol.com

Event Date or Date Work is scheduled for completion: December 8-11, 2005

By the acceptance of these Discretionary Reserve/Office funds, the recipient organization agrees to provide the services described on this allocation application form. The recipient organization states that it has read the conditions and terms on the back of this form and agrees to comply with these.

Attest: [Signature]
Recipient Organization Secretary

By: [Signature]
Signature of President or Vice President

Raymond Adria 11/14/05
Type or Print Name Date

Attest: [Signature]
Recipient Organization

(SEAL)

Amount Allocated \$ _____ at the _____ BCC Meeting

Commissioner's Signature and Approval Date Approved

Attest: Harvey Ruvim, Clerk Miami-Dade County, Florida

By: _____
Deputy Clerk

Circle One: Hold Check for pick-up Mail Check to Organization

Special Instructions: _____

For Finance Department Use
Date Received by Finance: _____ Check No. Issued: 7 Date Issued: _____



ALHAMBRA HEIGHTS RESIDENTIAL FORCE (A.H.R.F.)

(HOME OWNERS ASSOCIATION / CRIME PREVENTION)



CF
MR

October 3rd, 2005

Commissioner Barbara Carey-Shuler, Ed.D.
District 3
Commissioner Dorrin D. Rolle
District 2

Commissioner Sally Heyman
District 4
Commissioner Barbara Jordan
District 1

Miami-Dade County
Board of County Commissioners
111 N.W First Street, Suite 220
Miami, Florida 33128-1963

Dear Commissioners: Carey-Shuler, Rolle, Heyman and Jordan:

Being fervent supporters of the City of North Miami and our Home Owners Association I would like to tell you all about Alhambra Heights up coming event for the entire community. This year Alhambra Heights Residential Force will be opening our community After School Program called the -Challenger. The Challenger will provide free after school programs for all youths 5th grade through 12th grade. These programs will run year- round Monday through Friday 3:30 P.M. - 8:00 P.M. and on Saturday 10:00 A.M. -3:00 P.M.

We have planned our first annual carnival for December 8-11, 2005 which is geared toward raising funds for the Challenger on a yearly basis. The four day carnival will have an array of games, rides, musical entertainment, food and other spectacular performances all week- end long. The admission to the carnival is free for the entire weekend and all surrounding community are invited. Pre-sale tickets will be available at a reduce cost to everyone.

Alhambra Heights Residential Force on behalf of the Challenger is requesting your financial assistance to offset the cost of Miami-Dade County Fire Rescue and the North Miami Police Department services. Your collaborative support to cover the cost of \$4,735.00 for fire rescue and \$ 2,500 for the police department would be greatly appreciated.

Thank you in advance for your continued support and your anticipated commitment to this request. Our office will contact you to follow up on the details of your generous financial contributions in this matter.

Sincerely,

Beverly Hilton, Director

Alhambra Heights Residential Force, Inc.

10-12-05A09:48 RCVD

Fundraising!



Alhambra Heights Carnival
Claude Pepper Park – NW 14th Ave. & 135 St.

Thursday, Dec. 8th to Sunday, Dec. 11th, 2005

Thursday/Friday – 6:00 PM to 11:00 PM

Saturday/Sunday – 1:00 PM to 11:00 PM

"Fun for the whole family"

Food! Rides! Games!

Tickets are: \$12 Prepaid or \$15 at the door.

Contact: Beverly @786-553-8555

Fundraising!

Fundraising!

Form **W-9**
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name Alhambra Heights Residential Force, Inc.	
Business name, if different from above Same	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other <input type="checkbox"/> Exempt from Backup withholding	
Address (number, street, and apt. or suite no.) 12555 Biscayne Blvd	Requestor's name and address (optional) Beverly Hilton
City, state, and ZIP code North Miami, FL 33181	12495 N.W 6th Ave North Miami, FL 33168
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number
OR
Employer identification number 7 1 0 9 2 2 1 4 6

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of U.S. person *B. Hilton*

Date **11/14/05**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

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**MIAMI-DADE FIRE RESCUE DEPARTMENT
 SPECIAL EVENTS BUREAU
 9300 N.W. 41 STREET
 MIAMI, FLORIDA 33178
 OFFICE (786) 331-5000 / FAX (786) 331-4435**

SPECIAL EVENTS ESTIMATE SHEET

Invoice Number: _____ Date: NOV. 10, 2005
 Control Number: _____ Prepared By: PAULETTE BROWN

VENDOR INFORMATION

Name: ALHAMBRA HEIGHTS
 Billing Address: 12555 Biscayne Blvd.,
 City: MIAMI State: Florida Zip Code: 33181
 Phone Number: 786-553-8555 Fax Number: (305) 688-0467

PERSONNEL

Rank / Title	Overtime Hourly Rate	Quantity	Event Hours	Total
Chief Fire Officer	\$ 75.00			\$ -
Captain	\$ 65.00	1	23	\$ 1,495.00
Lieutenant	\$ 55.00			\$ -
Fire Fighter	\$ 50.00	2	23	\$ 2,300.00
Fire Prevention Inspector	\$ 55.00			\$ -
Beach Manager	\$ 30.25			\$ -
Lifeguard 2	\$ 26.75			\$ -
Lifeguard 1	\$ 22.75			\$ -
Civilian (Overtime Rate Only) DISPATCHER	\$ 30.00			\$ -
Personnel Total				\$ 3,795.00

EQUIPMENT

Type	Hourly Rate	Quantity	Event Hours	Total
Pumper	\$ 100.00			\$ -
QRV / TRT	\$ 65.00			\$ -
Rescue Truck	\$ 50.00	1	23	\$ 1,150.00
Motorcycle Unit	\$ 40.00			\$ -
Rescue Cart	\$ 35.00			\$ -
Rigid Hull Inflatable Boat (RHIB)	\$ 35.00			\$ -
Personal Watercraft (PWC)	\$ 35.00			\$ -
Bicycle Unit	\$ 35.00			\$ -
Equipment Total				\$ 1,150.00
Personnel Total				\$ 3,795.00
5% Administrative Fee				\$ 247.25
Total Event Estimate				\$ 5,192.25

Please make checks payable to: **Board of County Commissioners**

Please note: The Board of County Commissioners set all rates through County Administrative Order 7-33.

NOTE: The above costs are only an estimate for your event. Any permit related inspection costs (tents, stages, etc.) and/or other related firewatch and rescue standby related costs will be borne by the vendor. Required permit inspections must be completed before occupying or use. After hours or weekend inspections will be billed at a rate of \$50.00 per hour with a minimum 4-hour charge.



NORTH MIAMI POLICE DEPARTMENT
700 N.E. 124 STREET • NORTH MIAMI • FLORIDA 33161
(305) 891-0294



MEMORANDUM

TO: Beverly Hilton
FROM: Major Stephen Johnson
DATE: November 8, 2005
RE: Carnival Security

This memorandum is to inform you that the cost for North Miami Police security at the Alhambra Heights Fundraising Carnival at Pepper Park from December 8 – December 11, 2005 will be approximately \$2,500.

If you need further information, please contact me at 305 891-0294, ext. 4114.

Internal Revenue Service

Date: April 4, 2005

ALHAMBRA HEIGHTS RESIDENTIAL FORCE
% BEVERLY HILTON
12555 BISCAYNE BLVD STE 812
N MIAMI FL 33181-2522 553

Department of the Treasury
P. O. Box 2505
Cincinnati, OH 45201

Person to Contact:
John C. Crawford 31-08343
Customer Service Representative
Toll Free Telephone Number:
8:30 a.m. to 5:30 p.m. ET
877-829-5500
Fax Number:
513-263-3756
Federal Identification Number:
71-0922146
Advance Ruling Period Ends:
December 31, 2007

Dear Sir or Madam:

This is in response to your request of April 4, 2005, regarding your organization's tax-exempt status.

In June 2004 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

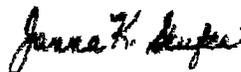
Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code until the Advance Ruling Period Ending date indicated in the header above.

Within 90 days from the end of the advance ruling period, your organization must submit to us information needed to determine whether it has met the requirements of the applicable support test during the advance ruling period. This information is currently supplied on the Form 8734, *Support Schedule for Advance Ruling Period*.

Contributions to your organization are deductible under section 170 of the Code. Grantors and contributors may rely on the determination that your organization is not a private foundation until 90 days after the end of its advance ruling period. If the organization submits the required information within 90 days, grantors and contributors may continue to rely on the advance determination until the Service makes a final determination of your organization's foundation status.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



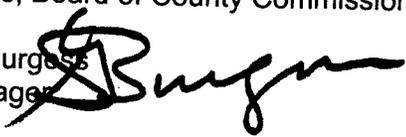
Janna K. Skufca, Director, TE/GE
Customer Account Services

Memorandum



Date: January 24, 2006

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

From: George M. Burgess
County Manager 

Subject: In-kind 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.

Background

A waiver for in-kind services has been requested by a not-for-profit organization Alhambra Heights Residential Force for the Alhambra Heights Carnival scheduled for December 8-11, 2005.

In-kind services have been requested in the amount of \$5,192.25 from the Miami-Dade Fire Rescue Department for EMS support. The in-kind services provided by the Miami-Dade Fire Rescue Department do not affect the in-kind reserve.

In FY 2005-06 Alhambra Heights Residential Force has not received any County funding.

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