

## MEMORANDUM

Agenda Item No. 11(A)(15)

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

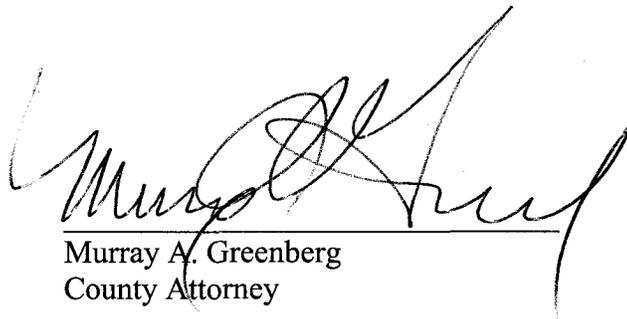
**DATE:** January 24, 2006

**FROM:** Murray A. Greenberg  
County Attorney

**SUBJECT:** Resolution authorizing in-kind  
services from the Park &  
Recreation Dept. for grand  
opening of the Jackson  
Care-A-Van Mobile

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The accompanying resolution was prepared and placed on the agenda at the request of  
Commissioner Barbara J. Jordan.



Murray A. Greenberg  
County Attorney

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# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Joe A. Martinez      **DATE:** January 24, 2006  
and Members, Board of County Commissioners

**FROM:** Murray A. Greenberg  
County Attorney

**SUBJECT:** Agenda Item No. 11(A)(15)

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)(15)  
1-24-06

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

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR JACKSON HEALTH SYSTEM'S DECEMBER 9, 2005 GRAND OPENING OF THE JACKSON CARE-A-VAN MOBILE IN AN AMOUNT NOT TO EXCEED \$666.00 TO BE FUNDED FROM THE DISTRICT 1 IN-KIND RESERVE FUND

**WHEREAS**, Jackson Health System has requested in-kind services from the Miami-Dade Park and Recreation Department for the December 9, 2005 Grand Opening of the Jackson Care-A-Van Mobile in an amount not to exceed \$666.00 (see attached Fee Waiver/In-Kind Service Application); and

**WHEREAS**, the Grand Opening of the Jackson Care-A-Van Mobile 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 District 1 In-kind Reserve Fund,

**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 Park and Recreation Department for Jackson Health System's December 9, 2005 Grand Opening of the Jackson Care-A-Van Mobile in an amount not to exceed \$666.00 to be funded from the District 1 In-kind Reserve Fund.

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

The Chairperson thereupon declared the resolution duly passed and adopted this 24<sup>th</sup> 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

Park -

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: Jackson Health System

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.): MARVIN CORDERO  
Community Affairs Outreach Highland Professional Building Suite #700 Miami, FL 33136  
Office: 305-415-1212 Fax: 355-2220 Cell: 786-298-7017 Email: M.Cordero@UM-JAH.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable):  
OR Scott Miller, Manager of Flea Market 305-688-0500 - 688-9832 direct line  
RISERS (4 feet) 4 RISERS

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

JACKSON CARE-A-VAN Grand Opening  
OPA-Locha/Hiuteah Flea Market  
12705 N.W. 42nd Ave Miami 33054  
Date: Friday, December 9th from 10:30 AM - 11:30 AM

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)):

OPA-Locha/Hiuteah Flea Market  
12705 N.W. 42nd Ave Underneath the FleaMarket Arche Landmark

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

- 8. Description of regional or local impact: The target population is the under-insured, indigent, and resident without any health insurance, and for Healthcare M. The Jackson Care-A-Van initiative is to improve the resident health by having a mobile clinic in district #1.
- 9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Please set-up on Thursday Dec. 8<sup>th</sup> in the pm.
- 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): The stage should be set-up underneath the Free Market Area (under) Upon arrival to site please contact Scott Miller for directions at (305) 688-0500 also call Morgan Gordon at (305) 258-7017. Please contact both parties above with date & time of arrival, so they can direct and assist with set-up and stage.
- 11. Expected number of participants and estimated attendance (per day, if applicable): 200
- 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 of Authorized Representative

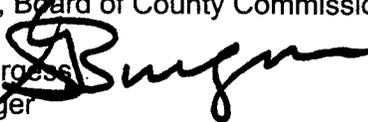
11/21/05  
Date

7. Andre Regin  
Commissioner Jordan's office

**Date:** January 24, 2006

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

**From:** George M. Burgess  
County Manager

A handwritten signature in black ink, appearing to read "Burgess", written over the printed name of George M. Burgess.

**Subject:** District Specific In-Kind Reserve Request Recommendation

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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

A waiver for in-kind services is being requested by a not-for-profit organization, Jackson Health System, for their Jackson Care-A-Van Grand Opening event scheduled for December 9, 2005 at the Central Shopping Plaza.

In-kind services have been requested in an amount \$666.00 from the Park and Recreation Department for use of four (4) sets of risers. This event will be funded from the District 1 district specific in-kind reserve.

On today's agenda, you also have an additional in-kind service request in the amount of \$666 for this event sponsored and funded by the District 6 district specific in-kind reserve.

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