

MEMORANDUM

Agenda Item No. 11(A)(10)

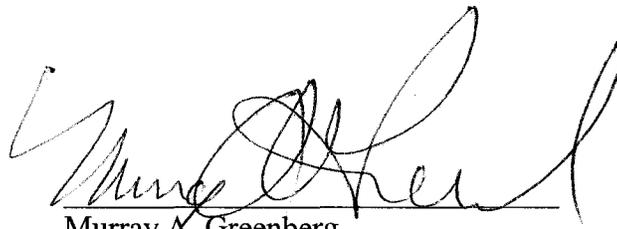
TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: June 6, 2006

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Resolution authorizing in-kind
services for the Cancer Camp,
sponsored by the United Order
True Sisters

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: June 6, 2006

FROM: Murray A. Greenberg
County Attorney

SUBJECT: Agenda Item No. 11(A)(10)

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)(10)
6-6-06

RESOLUTION NO. _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE JULY 9, 2006 THROUGH JULY 15, 2006 CANCER CAMP, SPONSORED BY THE UNITED ORDER TRUE SISTERS, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,575.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

WHEREAS, United Order True Sisters, Division of Hematology-Oncology, Miami Children's Hospital has requested in-kind services from the Miami-Dade Park and Recreation Department for the July 9, 2006 through July 15, 2005 Cancer Camp in an amount not to exceed \$1,575.00 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the United Order True Sisters, Division of Hematology-Oncology, Miami Children's Hospital is a not-for-profit organization; and

WHEREAS, the Cancer Camp is a countywide event, and the in-kind services shall be funded from the Countywide 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 July 9, 2006 through July 15, 2006 United Order True Sisters Cancer Camp in an amount not to exceed \$1,575.00 to be funded from the Countywide 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
Audrey M. Edmonson
Sally A. Heyman
Dorrin 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 6th day of June, 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.

DDC

Diamela del Castillo

Parks \$1,575

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: DIVISION OF HEMATOLOGY-ONCOLOGY, MIAMI CHILDREN'S HOSP. UNITED ORDER TRUE SISTERS

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.): ATHENA C. PEFKAROU MD. CAMP DIRECTOR'S ASSOCIATE DIRECTOR: DIVISION OF HEM/Onc - MCH
Tel 305.662.8360; fax 305.666.6387; EMAIL: athena.pefkarou@mch.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): A.D. BARNES PARK - facility rent for the week of 7/19/06 -> 7/15/06 approximately \$1500.00

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): LOTS cancer camp - 7/19/06 -> 7/15/06 one week sleep away camp for children with cancer ages 7 years to 17 years. This camp gives the opportunity for children & cancer, many missing out due to therapy to enjoy a week away from the hospital. The camp activities used age places under strict supervision of doctors and nurses. Such experiences would not be possible otherwise.

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)): A. D. Barnes Park 3421 S.W. 72 Avenue, MIAMI FL 33155

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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.

A. Clifton
Signature of Authorized Representative

3/27/06
Date

Memorandum



Date: June 6, 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 "G. Burgess", written over the printed name of George M. Burgess.

Subject: Countywide 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. The countywide 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, United Order True Sisters, Division of Hematology-Oncology, for the Cancer Camp program taking place July 9 to July 16, 2006.

In-kind services have been requested in an amount not to exceed \$1,575 from the Park and Recreation Department for the use of the A.D. Barnes facility during the week of July 9 to July 16, 2006. This in-kind service will be funded from the countywide in-kind reserve.

In FY 2005-06 the United Order True Sisters, Division of Hematology-Oncology has not received any County funding.

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