

MEMORANDUM

Agenda Item No. 11(A)(17)

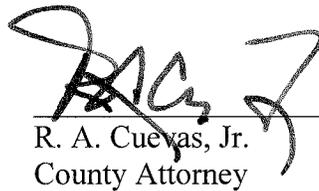
TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: October 2, 2007

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
for the Festival Chileno

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Jose "Pepe" Diaz.



R. A. Cuevas, Jr.
County Attorney

RAC/jls

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MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

DATE: October 2, 2007

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Agenda Item No. 11(A) (17)

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) (17)
10-02-07

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT AND THE MIAMI DADE FIRE RESCUE DEPARTMENT FOR THE SEPTEMBER 16, 2007 "FESTIVAL CHILENO" SPONSORED BY THE GRUPO FOLKLORE LATINO, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$10,329.00 TO BE FUNDED IN PART FROM THE COUNTYWIDE IN-KIND RESERVE FUND, AND IN PART FROM THE NON-AD VALOREM PORTION OF THE FIRE RESCUE IN-KIND RESERVE FUND

WHEREAS, the Grupo Folklore Latino, Inc. has requested in-kind services from the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the September 16, 2007 "Festival Chileno" event in an amount not to exceed \$10,329.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Festival Chileno" is to promote cultural awareness by gathering families to celebrate the Chilean Independence Day; and

WHEREAS, the Grupo Folklore Latino, Inc. is a not-for-profit organization; and

WHEREAS, the "Festival Chileno" is a special event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$9,000.00 of the in-kind services shall be funded from the Countywide In-kind Reserve Fund and \$1,329.00 of the in-kind services shall be funded from the non-ad valorem portion of the Fire Rescue 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 Police Department and the Miami-Dade Fire Rescue Department for the September 16, 2007 "Festival Chileno" in an amount not to exceed

\$10,329.00 to be funded in part from the Countywide In-kind Reserve Fund and in part from the non-ad valorem portion of the Fire Rescue In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Jose "Pepe" Diaz 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:

- | | |
|------------------------------------|--------------------|
| Bruno A. Barreiro, Chairman | |
| Barbara J. Jordan, Vice-Chairwoman | |
| Jose "Pepe" Diaz | Audrey M. Edmonson |
| Carlos A. Gimenez | Sally A. Heyman |
| Joe A. Martinez | Dennis C. Moss |
| Dorin D. Rolle | Natacha Seijas |
| Katy Sorenson | Rebeca Sosa |
| Sen. Javier D. Souto | |

The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of October, 2007. 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.

WR

Monica Rizo

**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:

Delores Green
Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 375-5143
Fax: (305) 375-5168

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.)

Note: Event budget must be included for "Special" and "Major" event types.

1. Full legal name of the requesting organization: Grupo Folklore Latino, Inc.

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

- Not-For-Profit or Tax Exempt
- For-Profit
- Local Government or Public Entity
- Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):
MARCEL A. TORRES ENRIQUE
10160 West Flagler St #6 (305) 968-5080 (305) 807-1548

4. Specify fee waiver or in-kind service requested (quantity, if applicable):
POLICE & FIRE RASCHE

5. Name, date of event, description, and purpose of the event (If event is a fund-raiser, define the beneficiaries):
FESTIVAL CHILENO
September 16 - 2007
Family & Cultural event celebrating the Chilean
Independence Day

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

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

7. Physical address of event venues (please specify Commission District(s)): TAMIAMI PARK
10901 CORAL WAY
JULIAND FL 33165
8. Description of regional or local impact: To Promote Cuban Culture to the
Other Communities in Miami To Make
Cuban people believe their past memories
and awaken their inner feelings
toward their country
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
10 AM to 10 PM
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable):
Arnold Hall Zone
Two Access Point MAP ATTACHED
11. Expected number of participants and estimated attendance (per day, if applicable): One Day Event
3,000⁰⁰ People
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed):
\$ 70,000⁰⁰

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

Lilian Roca
Signature of Authorized Representative

August 16-2007
Date

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[Events](#) [No Name History](#)

Entity Name Search

Detail by Entity Name

Florida Non Profit Corporation

GRUPO FOLKLORE LATINO, INC.

Filing Information

Document Number N49535
FEI Number 650328718
Date Filed 06/19/1992
State FL
Status ACTIVE
Last Event CANCEL ADM DISS/REV
Event Date Filed 06/20/2005
Event Effective Date NONE

Principal Address

4907 REGINA COURT
WEST PALM BEACH FL 33415 US

Changed 06/20/2005

Mailing Address

P.O. BOX 20795
WEST PALM BEACH FL 33416 US

Changed 06/20/2005

Registered Agent Name & Address

ARCE, LILIAN
4907 REGINA CT
WEST PALM BEACH FL 33415

Officer/Director Detail

Name & Address

Title P

ARCE-DIAZ, LILLIAN
679 HARTTH DR.
WEST PALM BEACH FL 33415 US

Title VP

WEST, EMA
1978 WINDSOR DRIVE
NORTH PALM BEACH FL 33408 US

Title T

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SANDRA, PENA
5108 SHERMAN RD
WEST PALM BEACH FL 33415 US

Title S

SAN JUANA, HERNANDEZ
645 CASPER AVE
WEST PALM BEACH FL 33413 US

Title D

GUSTAVO, AMADOR
125 S. C STREET
LAKE WORTH FL 33460 US

Title D

DOMINGUEZ, LAURA
898 E. COTTON BAY
WEST PALM BEACH FL 33463 US

Annual Reports

Report Year Filed Date

| | |
|-------------|------------|
| 2005 | 06/20/2005 |
| 2006 | 04/24/2006 |
| 2007 | 07/16/2007 |

Document Images

[07/16/2007 -- ANNUAL REPORT](#)

[04/24/2006 -- ANNUAL REPORT](#)

[06/20/2005 -- REINSTATEMENT](#)

[08/25/2003 -- ANNUAL REPORT](#)

[05/01/2002 -- ANNUAL REPORT](#)

[05/11/2001 -- ANNUAL REPORT](#)

[08/11/2000 -- ANNUAL REPORT](#)

[08/03/1999 -- ANNUAL REPORT](#)

[06/18/1998 -- ANNUAL REPORT](#)

[05/09/1997 -- ANNUAL REPORT](#)

[05/01/1996 -- ANNUAL REPORT](#)

Note: This is not official record. See documents if question or conflict.

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Internal Revenue Service
District Director

Department of the Treasury
Group 7211, Stop 504-D
401 West Peachtree St. N.W.
Atlanta, GA 30365

Grupo Folklore Latino
c/o Lillian Arce
4907 Regina Court
West Palm Beach, FL 33415

Person to Contact:
Loretta Hamilton
Contact Phone Number:
(404) 331-6993
BIN:
65-0328718
Date:
November 6, 1998

Dear Sir or Madam:

This is in response to your request for confirmation of your exemption from Federal income tax.

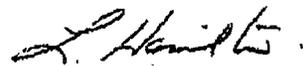
You were recognized as an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code by our letter dated August 1993. You were further determined not to be a private foundation within the meaning of section 509(a) of the Code because you are an organization described in section 509(a)(1) and 170(b)(1)(A)(vi).

Contributions to you are deductible as provided in section 170 of the Code.

The tax exempt status recognized by our letter referred to above is currently in effect and will remain in effect until terminated, modified or revoked by the Internal Revenue Service. Any change in your purposes, character or method of operation must be reported to us so we may consider the effect of the change on your exempt status. You must also report any change in your name and address.

Thank you for your cooperation.

Sincerely yours,



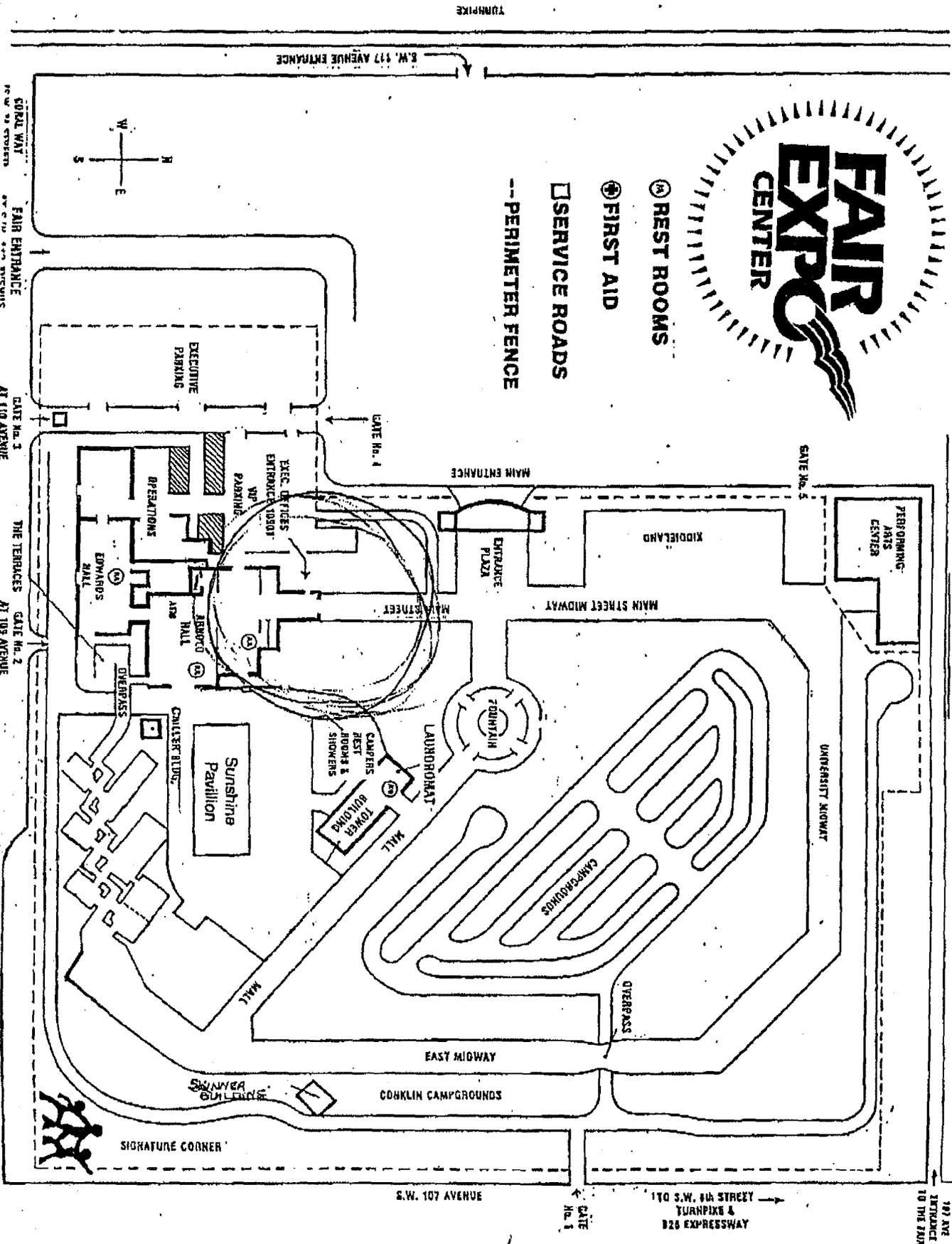
Loretta Hamilton
Exempt Organizations
Specialist

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- ⊙ REST ROOMS
- ⊕ FIRST AID
- SERVICE ROADS
- PERIMETER FENCE

EXHIBIT A



Fee Waiver/In-kind Services Application Check List

1. Is every item on the application completed?
2. Is the **Full Legal Name** of the organization listed on the application? Example:
- If the legal name of an organization is "We Fight Cancer One Person At a Time, Inc." that is what the application should state and not simply, "We Fight Cancer".
3. Is a copy of the non-profit status included with the application? A copy of that information can be downloaded from the Florida Corporation's Website:
- <http://www.sunbiz.org/corpweb/inquiry/cormenu.html>
4. Are the following items indicated:
1. Type of Event (i.e. special, major, district, or small)
 2. Applicant Status
 3. Name of the Contact person for the organization
 4. Physical Address of the Event
 5. Specify the fee waiver or in-kind service requested
5. Have you included an event budget for "Special" and "Major" event types?
6. Has the authorized organization representative signed the application?

NOTE: ALL QUESTIONS MUST BE ANSWERED. IF ANY INFORMATION IS MISSING, THE APPLICATION WILL NOT BE ACCEPTED.

For OSBM Staff Use Only

 Complete package received

 Incomplete package, return to _____ District _____

Reason(s): _____

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Memorandum



Date: October 2, 2007

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

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

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 retroactive waiver for in-kind services has been requested by a not-for-profit organization the Grupo Folklore Latino for their Festival Chileno held on September 16, 2007.

In-kind services have been requested in an amount not to exceed \$9,000 from the Miami-Dade Police Department for police services and \$1,329 from the Miami Dade Fire Rescue Department for the use of a vehicle, for a total in-kind amount of \$10,329. This event will be funded in part from the countywide in-kind reserve fund and in part from the non-ad valorem portion of the Fire Rescue District Budget.

In FY 2006-07, Grupo Forklore Latino received \$1,000 from District 11 discretionary reserve.

Inkind12407