MEMORANDUM

Agenda Item No. 11(A)(14)

TO:	Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners	**DATE:**	February 5, 2008
FROM:	R. A. Cuevas, Jr. County Attorney	**SUBJECT:**	Resolution authorizing in-kind services from Parks for seminars for substance abuse and recovery sponsored by Nuevo Caminar Ministerio Catolico, Inc.

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

R. A. Cuevas, Jr.
County Attorney

RAC/bw

MEMORANDUM

(Revised)

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

DATE: February 5, 2008

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

SUBJECT: Agenda Item No. 11(A)(14)

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)(14)
2-5-08

RESOLUTION NO. _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE JANUARY 25-27, 2008, APRIL 11-13, 2008, AND JULY 25-27, 2008 SEMINARS FOR SUBSTANCE ABUSE AND RECOVERY, SPONSORED BY NUEVO CAMINAR MINISTERIO CATOLICO, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $3,681.30 TO BE FUNDED FROM THE DISTRICT 6 IN-KIND RESERVE FUND

WHEREAS, Nuevo Caminar Ministerio Catolico, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the January 25-27, 2008, April 11-13, 2008, and July 25-27, 2008 Seminars for Substance Abuse Recovery in an amount not to exceed $3,681.30 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, the purpose of the Seminars for Substance Abuse Recovery is to allow community residents an opportunity to participate in a recovery substance abuse retreat program; and

WHEREAS, Nuevo Caminar Ministerio Catolico, Inc. is a not-for-profit organization; and

WHEREAS, the Seminars for Substance Abuse Recovery are small events, 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 January 25-27,

2008, April 11-13, 2008, and July 25-27, 2008 Seminars for Substance Abuse Recovery in an amount not to exceed $3,681.30 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:

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
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of February, 2008. 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.

Monica Rizo

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) 375-3868

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: NEW CANAAN 4C

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.): MARVA GIBSON
10302 SW 4TH ST FL 33025 305 796-2202

4. Specify fee waiver or in-kind service requested (quantity, if applicable): FEE WAIVER FOR USE OF GREYNOLDS PARK.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): SEMINAR JAN 25-26-27 2008
SPECIAL RETREAT FOR RECOVERY 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)): GREYNOLDS PARK
17530 West Dixie Hwy, NMB FL 33160

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

8. Description of regional or local impact: Service to Local Community

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): From Friday the 25 4pm To Sunday 27 3pm. 2008

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): 68

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

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

Signature of Authorized Representative

11/1/07
Date

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 2310
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: Udeo Commissioner Office

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 1030 E 9th St FL 33010 305 796-7202

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

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Education April 11-12-13 2008 Special Retreat for Academy 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)): Greynolds Park 17530 West Dixie Hwy Nmi B FL 33160

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

8. Description of regional or local impact: Service To Local Grower

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): From Friday April 11 4PM To Sunday April 13 3PM

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams if applicable): 2008

11. Expected number of participants and estimated attendance (per day, if applicable): 68

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

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

Signature of Authorized Representative

Mercy Cabrera

11/15/07
Date

(3)

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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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.)
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- ☐ 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: Nuevo Camino A.C

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
1030 E 8th St Hl FL 33010
(305) 796-7202

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee Waiver For
Use of Carl Greywolds

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Seminar July 25-26-27 2008
Special Retreat for Recovery 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)): Greywolds Park
17530 West Dixie Hwy North FL 33160

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

8. Description of regional or local impact: Service To Local Comunitie

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): From Friday 25 of July 4PM to Sunday 27 3PM. 2008

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): 68

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

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

Signature of Authorized Representative

11-5-07
Date

12

FEE WAIVER/IN-KIND SERVICES APPLICATION

(4) 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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Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax (305) 375-3868

Type of Event/Application (select one of the following):

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- ☑ 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: NWSD Carnival Y.C

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.): Mario Cabrera
10300 SW 72 AV Pc FL 33012
(305) 796-7202

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

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Carnival Oct 31 Nov 1-2 2008
Special Permit for Recovery 305 State
Miami 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)): Greynolds Park
17530 West Dixie Hwy North FL 33160

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

8. Description of regional or local impact: Service to Local Community

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): From Friday Oct 31 4pm to Sunday Nov 2 3pm - 2008

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): 68

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

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

Mauricio Cabrera
Signature of Authorized Representative

4/15/07
Date

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

NUEVO CAMINAR MINISTERIO CATOLICO, INC.

Filing Information

Document Number	N01000003596
FEI Number	030478689
Date Filed	05/23/2001
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	11/16/2005
Event Effective Date	NONE

Principal Address

1030 EAST 8TH AVE.
HIALEAH FL 33010-3755

Changed 10/18/2007

Mailing Address

1030 EAST 8TH AVE.
HIALEAH FL 33010-3755

Changed 10/18/2007

Registered Agent Name & Address

LANDEIRO, DAMIAN
7000 SW 62ND AVENUE, PH-D
SOUTH MIAMI FL 33143 US

Name Changed: 04/10/2007

Address Changed: 04/10/2007

Officer/Director Detail

Name & Address

Title PD

CABRERA, RAMON
1030 EAST 8TH AVE
HIALEAH FL 33010

Title VP

REYES B., PABLO R
1030 EAST 8TH AVE
HIALEAH FL 33010

Title D

AMADOR, GEORGINA
1030 EAST 8TH AVE
HIALEAH FL 33010

Title S

DUBON, BRENDA
1030 EAST 8TH AVE
HIALEAH FL 33010

Title T

RUIZ, MARIO
1030 EAST 8TH AVE
HIALEAH FL 33010

Title D

RINCON, GUILLERMO
1030 EAST 8TH AVE
HIALEAH FL 33010

Annual Reports

Report Year	Filed Date
2006	01/04/2006
2007	04/10/2007
2007	10/22/2007

Document Images

10/22/2007 -- ANNUAL REPORT
04/10/2007 -- ANNUAL REPORT
01/04/2006 -- ANNUAL REPORT
11/16/2005 -- REINSTATEMENT
10/14/2004 -- Amendment
01/28/2004 -- ANNUAL REPORT
02/14/2003 -- ANNUAL REPORT
02/07/2003 -- Amended and Restated Articles
11/14/2002 -- Amended and Restated Articles
11/12/2002 -- REINSTATEMENT
05/23/2001 -- Domestic Non-Profit

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

Previous on List Next on List Return To List

Events **No Name History**

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 22, 2007
Secretary of State

DOCUMENT# N01000003596

Entity Name: NUEVO CAMINAR MINISTERIO CATOLICO, INC.

Current Principal Place of Business:

1030 EAST 8TH AVE.
HIALEAH, FL 330103755

New Principal Place of Business:

Current Mailing Address:

1030 EAST 8TH AVE.
HIALEAH, FL 330103755

New Mailing Address:

FEI Number: 03-0478389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANDEIRO, DAMIAN
7000 SW 62ND AVENUE, PH-D
SOUTH MIAMI, FL 33143 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete
Name: CABRERA, RAMON
Address: 727 EAST 9TH ST,
City-St-Zip: HIALEAH, FL 33010

Title: VPTD ( ) Delete
Name: PAREDES, ABEL
Address: 727 EAST 9TH ST.
City-St-Zip: HIALEAH, FL 33010

Title: D ( ) Delete
Name: AMADOR, GEORGINA
Address: 727 EAST 9TH ST.
City-St-Zip: HIALEAH, FL 33010

Title: D ( ) Delete
Name: CORREA, DAVID
Address: 727 EAST 9TH ST.
City-St-Zip: HIALEAH, FL 33010

Title: D ( ) Delete
Name: GONGORA, ADOLFO
Address: 727 EAST 9TH ST.
City-St-Zip: HIALEAH, FL 33010

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CABRERA, RAMON
Address: 1030 EAST 8TH AVE
City-St-Zip: HIALEAH, FL 33010

Title: VP (X) Change ( ) Addition
Name: REYES B., PABLO R
Address: 1030 EAST 8TH AVE
City-St-Zip: HIALEAH, FL 33010

Title: D (X) Change ( ) Addition
Name: AMADOR, GEORGINA
Address: 1030 EAST 8TH AVE
City-St-Zip: HIALEAH, FL 33010

Title: S (X) Change ( ) Addition
Name: DUBON, BRENDA
Address: 1030 EAST 8TH AVE
City-St-Zip: HIALEAH, FL 33010

Title: T (X) Change ( ) Addition
Name: RUIZ, MARIO
Address: 1030 EAST 8TH AVE
City-St-Zip: HIALEAH, FL 33010

Title: D ( ) Change (X) Addition
Name: RINCON, GUILLERMO
Address: 1030 EAST 8TH AVE
City-St-Zip: HIALEAH, FL 33010

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAMON CABRERA PD 10/22/2007
Electronic Signature of Signing Officer or Director — Date

16

Memorandum

MIAMI-DADE COUNTY

Date: February 5, 2008

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

From: George M. Burgess
County Manager

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 countywide in-kind reserve balance allows for the funding of this request.

Background

A retroactive waiver for in-kind services as well as two additional in-kind services requests is being requested from a not-for-profit organization Nuevo Caminar for the retreats for recovery of substance abuse at Greynolds Park held on January 25-27, April 11-13 and; July 25-27, 2008.

In-kind services have been requested in an amount not to exceed $3,681.30 from the Park and Recreation Department for use of campground at Greynolds Park. This event will be funded from the District 6 in-kind reserve fund.

In FY 2007-08, Nuevo Caminar has received no County funding for this event.

Inkind3308