

MEMORANDUM

Agenda Item No. 11(A) (28)

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

DATE: March 4, 2008

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

SUBJECT: Resolution retroactively
authorizing in-kind services
for Mardi Gras 2008

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Dennis C. Moss.



R. A. Cuevas, Jr.
County Attorney

RAC/up

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MEMORANDUM

(Revised)

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

DATE: March 4, 2008

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

SUBJECT: Agenda Item No. 11(A) (28)

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) (28)
03-04-08

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE FEBRUARY 2, 2008 MARDI GRAS 2008 EVENT SPONSORED BY HOMESTEAD MAIN STREET, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$716.00 TO BE FUNDED FROM THE DISTRICT 9 IN-KIND RESERVE FUND

WHEREAS, Homestead Main Street, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the February 2, 2008 Mardi Gras 2008 event in an amount not to exceed \$716.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the Mardi Gras 2008 event is a traditional festival showcasing the downtown historical district of Homestead, and the purpose of the event is raise funds to benefit Habitat For Humanity in New Orleans; and

WHEREAS, Homestead Main Street, Inc. is a not-for-profit organization; and

WHEREAS, the Mardi Gras 2008 event is a district event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and the in-kind services shall be funded from the District 9 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 the February 2, 2008 Mardi Gras 2008 event in an amount not to exceed \$716.00 to be funded from the District 9 In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Dennis C. Moss 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 4th day of March, 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.

MR

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) 375-5188

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: HOWESTAD Main Street, 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.): Yvonne Knowles
305 242-4814 - email: info@howestadmainstreet.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): in kind service requested
portable stage (24x40)

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): 2-2-08
HOWESTAD Main Street Mardi Gras 2008
Street parade on KRAMER Avenue & Concert after
parade. proceeds will be collected to benefit
Habitat for Humanity in New Orleans. last year we
raised \$2,000 to build to Habitat for Humanity after
expenses.

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

MIAMI-DADE COUNTY
FEE WAIVER/KIND SERVICES APPLICATION

- 7. Physical address of event venues (please specify Commission District(s)): DISTRICT 2 - KRAME AVENUE
DOWNTOWN HISTORIC DISTRICT OF HOMESTEAD, FL
- 8. Description of regional or local impact: FESTIVAL BRING OLD + NEW RESIDENTS
OF S. FLORIDA'S EASTEST GROWING COMMUNITY TOGETHER TO
THE DOWNTOWN HISTORIC DISTRICT OF HOMESTEAD. THIS WILL
BENEFIT LOCAL BUSINESSES. WITH HABITAT FOR HUMANITY
ON BOARD A BROADER APPEAL TO A LARGER COMMUNITY
IS ACHIEVED.
- 9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): SET UP
9:00 AM - PARADE - 6:00 PM - CONCERT 7:30 PM -
to 11:30 PM - BREAKDOWN - MIDNIGHT
- 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): PARADE FROM MONY + 1ST TO KRAME - NORTH ON
KRAME TO NW 4TH ST - ~~WEST~~ WEST TO
MUNICIPAL PARKING LOT.
- 11. Expected number of participants and estimated attendance (per day, if applicable): 1500-2000
- 12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): SEE ATTACHED

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

Thomas C. Knowles
Signature of Authorized Representative

12-17-07
Date

6

**MIAMI- DADE PARKS & RECREATION DEPARTMENT
 SHOWMOBILE, STAGES, BLEACHERS, SOUTH & PRODUCTION**
 Phone: (305) 226-8315 x 8
 Fax: (305) 553-8511

EQUIPMENT CONFIRMATION FORM

ORGANIZATION/AGENCY: OFFICE OF COMMISSIONER DENNIS C. MOSS

EQUIPMENT REQUESTED: Portable Stage

NAME OF PERSON RESPONSIBLE FOR THIS BILL: DENNIS C. MOSS

BILLING ADDRESS/ ZIP CODE: 111 N.W. 1ST STREET, SUITE 320, MIAMI, FLORIDA 33128

NAME/TITLE OF THE EVENT: HOUSTEAD Main Street Mardi Gras 2008

ADDRESS OF EVENT: DOWNTOWN HOUSTEAD HISTORIC DISTRICT
 KROME AVENUE

TODAY'S DATE 12.17.07 DATE (S) OF EVENT: 02-02-08

SET-UP TIME & DAY: 9:00 AM 02-02-08

TAKE-DOWN & DAY: MIDNIGHT 02-02-08

CONTACT PERSON/PHONE: YVONNE KNOWLES -305 242-4814

AT SITE CONTACT/CELL PHONE #: 305 323-6564

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.

Please contact organization for special instructions.

OTHER INFORMATION: Include additional equipment if needed.

Please see attached request letter.

We, the users, understand that we assume full responsibility for any damage, theft, or loss to said equipment and its accessories between the time the Miami-Dade Park and Recreation Department completes setting up and the time it takes down. We, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as out-lined in the rental policy. We also understand that the total fee is to be remitted (5) five working days before the event.

*Fee Signature Yvonne Knowles
 *(SEE FEE SCHEDULE FOR EXACT CHARGES) Agency/Group

CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED 1/2 (HALF) OF RENTAL FEE.
 *There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.

In-Kind Budget Allocation

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



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No Events No Name History

Detail by Entity Name

Florida Non Profit Corporation

HOMESTEAD MAIN STREET, INC.

Filing Information

Document Number N96000000433
FEI Number 650649988
Date Filed 01/22/1996
State FL
Status ACTIVE

Principal Address

41 NORTH KROME AVE.
HOMESTEAD FL 33030 US

Changed 08/14/2006

Mailing Address

41 NORTH KROME AVE.
HOMESTEAD FL 33030 US

Changed 05/21/2002

Registered Agent Name & Address

KNOWLES, YVONNE C
41 NORTH KROME AVE.
HOMESTEAD FL 33030 US

Name Changed: 08/14/2006

Address Changed: 06/16/2003

Officer/Director Detail

Name & Address

Title P

SHIVER, ROY S JR
41 N. KROME AVENUE
HOMESTEAD FL 33030 US

Title D

KNOWLES, YVONNE
1697 N. GOLDENEYE LANE
HOMESTEAD FL 33035 US

Annual Reports

Report Year Filed Date



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90282 038 ****69.00

DOCUMENT # N9600000433			
1. Entity Name HOMESTEAD MAIN STREET, INC.			
Principal Place of Business 41 NORTH KROME AVE. HOMESTEAD, FL 33030 US		Mailing Address 41 NORTH KROME AVE. HOMESTEAD, FL 33030 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0849988		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Deemed <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KNOWLES, YVONNE C 41 NORTH KROME AVE. HOMESTEAD, FL 33030		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when withdrawing)</small>			
Filing Fee is \$41.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIVER, ROY S JR	NAME	
STREET ADDRESS	41 N. KROME AVENUE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33030	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, YVONNE	NAME	
STREET ADDRESS	1897 N. GOLDENEYE LANE	STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD, FL 33035	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.			
SIGNATURE: <i>Yvonne Knowles</i>		Date: 4-20-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

HOMESTEAD MAIN STREET
 MARDI GRAS 2008
 PROJECTED BUDGET

FEBRUARY 2, 2008

PROJECTED INCOME		PROJECTED EXPENSES	
EVENT SPONSOR	\$ 250.00	CHEWY THUNDERFOOT	\$ 5,000.00
		BRADFORD PRINTING PD	\$ 237.00
		CITY OF HOMESTEAD	\$ 280.00
		FOP	\$ 1,648.00
ENTERTAINMENT SPONSOR	\$ 5,000.00	BRADFORD PNT PEND.	\$ 50.00
		MYSTIC BLUE	\$ 500.00
		FLORIDIAN HOTEL	\$ 533.36
		KB STORES (SIGNS)	\$ 80.00
TITLE SPONSOR	\$ 2,500.00	BANNER	\$ 120.00
		PORTA TECH	\$ 200.00
		INSUREVENTS	\$ 850.00
ENTERTAINMENT SPONSOR	\$ 250.00	STATE OF FLORIDA	\$ 25.00
		POSTAGE	\$ 14.40
		SOUND EQUIPMENT	\$ 440.00
		POSTAGE	\$ 20.00
IN KIND SPONSOR			
		VEHICLES	
		STAGE	
		PMP PRODUCTION	
		FLATBEDS	
GOLD SPONSOR	\$ 1,000.00	SUB TOTAL:	\$ 9,997.76
KREWE FEES	\$ 700.00		
EVERGLADES POSSE		FOOD/DRINK EXPENSES	\$ -
KREWE OF CHARLIE V.		ALCOHOL PAYMNT	\$ -
KREWE OF ZEUS		LABOR AT EVENT	\$ 180.00
KREWE OF BASS/MAIN ST			\$ 180.00
KREWE OF HAZARD			
& TITLE CO OF HOMESTEAD		TOTAL EXPENSES	\$ 10,177.76
MEDIA SPONSOR	\$ 500.00	ADDITIONAL INCOME:	
		CASH FROM POST SLS	\$ 2,500.00
		SLS FROM SEMINOLE	\$ -
		SUB TOTAL	\$ -
CASH FROM SALES	\$ 2,500.00	PLUS EVENT INCOME:	\$ -
		TOTAL INCOME:	\$ 12,700.00
	\$ 12,700.00	BALANCE	\$ 2,522.24

Green, Delores (OSBM)

From: Showmobile (MDPR)
Sent: Saturday, January 05, 2008 8:23 AM
To: Green, Delores (OSBM)
Subject: RE: Homestead Main Street

(1)portable stage 24' x 40' uncovered is \$716 for the day. We have no other items available for this day. We have to set up for this event the day before. We have 4 other deliveries on the same day as this event at other ends of the county.

From: Green, Delores (OSBM)
Sent: Friday, January 04, 2008 3:12 PM
To: Showmobile (MDPR)
Subject: Homestead Main Street

Pete,
Please provide a cost estimate for the attached application, which has not received sponsorship.

//

1/7/2008

Memorandum



Date: March 4, 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

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

Background

A retroactive waiver for in-kind services is being requested by a not-for-profit organization, Homestead Main Street, Inc. for the Mardi Gras 2008 event held on February 2, 2008.

In-kind services have been requested in an amount not to exceed \$716 from the Miami-Dade Park and Recreation Department for the use of a large portable stage. This event will be funded from the District 9 in-kind reserve fund.

In FY 2007-08, Homestead Main Street, Inc. has received no County funding for this event.

Inkind5308