



MEMORANDUM

Agenda Item No. 11(A)(17)

TO: Honorable Chairman Dennis C. Moss
and Members, Board of County Commissioners

DATE: January 22, 2009

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

SUBJECT: Resolution retroactively authorizing
in-kind services for the October 25,
2008 "2nd Annual Emilio Lopez
Health Fair and Food Drive" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Audrey M. Edmonson.



R. A. Cuevas, Jr.
County Attorney

RAC/cp



MEMORANDUM
(Revised)

TO: Honorable Chairman Dennis C. Moss
and Members, Board of County Commissioners

DATE: January 22, 2009

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)
1-22-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE OCTOBER 25, 2008 “2ND ANNUAL EMILIO LOPEZ HEALTH FAIR AND FOOD DRIVE” EVENT SPONSORED BY THE BORINQUEN HEALTH CARE CENTER, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,366.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

WHEREAS, the Borinquen Health Care Center, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the October 25, 2008 “2nd Annual Emilio Lopez Health Fair and Food Drive” event in an amount not to exceed \$2,366.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the “2nd Annual Emilio Lopez Health Fair and Food Drive” event is to promote healthy lifestyles for the uninsured and underinsured in Miami-Dade County, and provide free medical and dental screenings; and

WHEREAS, the Borinquen Health Care Center, Inc. is a not-for-profit organization; and

WHEREAS, the “2nd Annual Emilio Lopez Health Fair and Food Drive” is a special event, as defined in the attached Fee Waiver/In-kind Service Application, 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 retroactively authorizes in-kind services from the Miami-Dade Park and Recreation Department for the October 25, 2008 “2nd Annual Emilio Lopez Health Fair and Food Drive” event in an amount not to exceed \$2,366.00 to be funded from the Countywide In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Audrey M. Edmonson. It was 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:

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

The Chairperson thereupon declared the resolution duly passed and adopted this 22nd day of January, 2009. 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.

GKS

Gerald K. Sanchez

*Parks - 2/3/08
10/25*

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09

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:

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.

Commissioner sponsoring event Commissioner Audrey Edmonson

1. Full legal name of the requesting organization: Boringuen Health Care Center, 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.): Valerie Cruz,

3601 Federal Highway, Miami, FL 33137; 305-576-0008
Cell: 305-397-4659; fax: 305-576-0008;
e-mail: veruz@beringuenhealth.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Showmobile

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Edmonson

MIAMI-DADE COUNTY
FEE WAIVER/KIND SERVICES APPLICATION
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5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
2nd Annual Emilio Lopez Health Fair and Food Drive,
Saturday, October 25, 2008 (9am-4pm). Purpose-
promote health living to uninsured and underinsured
in Miami-Dade County. Free medical and dental
screenings and Publix gift cards for participants
who participate in 3 or more health screenings

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)): 3601 Federal Highway,
Miami, FL 33137 (District 3)

8. Description of regional or local impact: None

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): See
Attached

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 3

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

11. Expected number of participants and estimated attendance (per day, if applicable): 2,000 individuals throughout the day

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.

Valarie Cruz
Signature of Authorized Representative

10-22-08
Date

2nd Annual Emillo Lopez Health Fair and Food Drive Vendors

1. Miami-Dade Hepatitis Testing
2. BHCC Mobile Unit
3. Positive Healthcare Partners / AIDS Healthcare Foundation
4. BHCC New Appointments
5. BHCC Information and Ad Journal
6. Florida Blood Centers – Blood Mobile
7. The Miami Herald
8. Saber, Inc.
9. 24 Hour Fitness
10. Tahitian Noni International
11. Cumulus Blue (Massage Therapy)
12. Miami-Dade Health Department – Women's Health & Preventive Services
13. BHCC Nutrition
14. Sanofi Aventis
15. Bayer
16. VISTA Healthplan
17. Barry University – School of Nursing
18. Specialized Nursing
19. Jackson North – OB / GYN & Pediatrics
20. BHCC OB/GYN Department
21. Human Services Coalition
22. BHCC Healthy Start Program
23. Celebra La Vida Con Salud
24. Dade County Federal Credit Union – Mobile Unit
25. ADI Dental
26. BHCC Dental
27. HUMANA Comp Benefits
28. Miami-Dade NET- City of Wynwood
29. Hot Dogs
30. PRX Pharmacy
31. Midtown Eyecare
32. Miami-Dade AHEC
33. Miami Dade Department of Elections
34. Miami-Dade County Health Department – Office of Community Health Planning
35. BHCC Adult Medicine
36. Miami Jewish Home and Hospital (Memory Testing)
37. The Village South
38. Sant La – Haitian Neighborhood Center
39. Florida Center for Allergy & Asthma Care (Asthma Testing)

40. United Health Care Center (Massage Therapy)
41. MIAMI HEAT
42. Miami Children's Hospital
43. Pediatrics – Scoliosis Testing
44. Health Connect
45. Kidco Child Care, Inc.
46. Kidz Empowerment Services, Inc.
47. Centro Hispano Day Care – Catholic Charities
48. Miami Dade County Health Department – Lead Testing
49. Quest – Cotton Candy
50. CHARLEE Homes for Children
51. University of Miami – Miami Institute for Human Genomics
52. Amerigroup
53. Miami Dade Health Department – Children Medical Services
54. YWCA
55. Behavioral Health Resource Center – Substance Abuse and Alcohol Screening
56. State Attorney Katherine Rundle – Justice In Motion Mobile
57. Mr. Cool Waters
58. BHCC Finance Department – Publix Gift Cards
59. Portable Restrooms
60. The Parent Academy

2nd Annual Emilio Lopez Health Fair and Food Drive

Budget Summary 2008-2009

SECURITY

Miami-Dade Police Department (1 Seargant and 5 Officers)	\$1,520.00
Stanchions (28 stanchions for crowd control)	\$ 627.20

ADVERTISING

Haitian Radio (Radio Mega WRHB 1020AM)	\$1,600.00
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PROMOTIONAL MATERIALS

Pens, Bags, Lanyards, T-Shirts	\$3,134.39
Balloons (2 Helium Tanks and Imprinted Baloons)	\$ 456.00
Labeled Water Bottles	\$1,000.00
Posters	\$ 290.00

RENTALS

Tents, Tables and Chairs	\$1,302.80
Bounce Houses (1 Small & 1 Large)	\$ 440.00

GIVEAWAYS

Publix Gift Cards	\$25,000.00
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ENTERTAINMENT

Oceanik (4 pc Steel Drum Band)	\$1,550.00
DJ Angel Camacho	\$ 300.00

CATERING

Food for vendors and staff	\$1,662.50
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PERMITS

Miami-Dade Fire	55.00
Miami-Dade Police	\$ 144.00
Metro-Dade City Class 1C Permit	\$ 153.00
Miami-Dade Parks and Recreation (Special Event)	\$ 50.00

TOTAL EXPENSES	\$39,284.89
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REVENUES

Ad Journal	\$20,000.00
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TOTAL REVENUES	\$20,000.00
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2nd Annual Emilio Lopez Health Fair and Food Drive
October 25, 2008
Tentative Production Schedule

9:00am – Gates Open (DJ & Band)

10:30am – 11:30am - “Burnie” of the Miami Heat makes appearance

11:30am - 11:45pm - Miami Children’s Theater Performance

12:30pm – 1:00pm – Introductions of Government Officials

1:00 pm – 2:00 pm – Dedication of Emilio Lopez Pavilion to Emilio Lopez

2:00 pm – 3:00 pm - DJ & Band Continue

3:00 pm – 3:30 pm – DJ & Band Continue

4:00 pm – Health Fair Closes

Russell, Marie E. (DIST3)

From: Martinez-Aleman, Marta (DIST3)
Sent: Thursday, October 23, 2008 10:51 AM
To: Russell, Marie E. (DIST3)
Subject: FW: In-Kind Request - Borinquen Health Care Center, Inc.

Hey, he did come through at 6:01 p.m. yesterday.....

Marta Martinez-Aleman
 Public Affairs and Policy Analyst
 Commissioner Audrey M. Edmonson
 Miami-Dade County District 3
 Ph. 305-375-1951
 Fax 305-372-6104

From: Byrnes, Timothy (MDPR)
Sent: Wednesday, October 22, 2008 6:01 PM
To: Martinez-Aleman, Marta (DIST3)
Cc: Rodriguez, Nadia (OSBM); Jayska, Amanda (OSBM); Gonzalez, Ana (MDPR); Morgan, Tom (MDPR)
Subject: RE: In-Kind Request - Borinquen Health Care Center, Inc.

Ms. Martinez-Aleman,
 Per your request, the following is the breakdown of the cost for the large showmobile at the aforementioned event on 10/25/08:

ITEM	COST	COST
SHOWMOBILE LARGE		
➤ DELIVERY, SET UP, TEAR DOWN, AND PICK UP	\$ 350.00	
➤ FIRST HOUR OF RENTAL	\$1,216.00	
➤ 8 ADDITIONAL HOURS OF USAGE	\$ 800.00	\$100.00 PER HOUR
TOTAL ESTIMATED COST	\$2,366.00	

Please be advised that the showmobile does not come with a built in sound system, any sound system required, and the power source to operate it and the interior lights of the showmobile are the responsibility of the permittee.

Please feel free to contact me if you have any additional questions.

Tim Byrnes

Tim Byrnes, Tropical Park/Trail Glades Range/Showmobile Service Area Manager
Miami-Dade County Park and Recreation Department
 Tropical Park 7900 SW 40th Street, Miami, FL 33155
 305-226-8315 Phone, 305-553-8511 Fax
www.miamidade.gov/parks
 "Delivering Excellence Every Day"

From: Russell, Marie E. (DIST3)
Sent: Wednesday, October 22, 2008 4:56 PM
To: Rodriguez, Nadia (OSBM)
Cc: Jayska, Amanda (OSBM); Byrnes, Timothy (MDPR); Villa, Pedro (DIST3)
Subject: In-Kind Request - Borinquen Health Care Center, Inc.

10/23/2008

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Detail by Entity Name

Florida Non Profit Corporation

BORINQUEN HEALTH CARE CENTER, INC.

Filing Information

Document Number 723839
FEI Number 591417397
Date Filed 07/10/1972
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 09/07/1994
Event Effective Date NONE

Principal Address

3601 FEDERAL HIGHWAY
MIAMI FL 33137 US

Changed 06/20/1995

Mailing Address

3601 FEDERAL HIGHWAY
MIAMI FL 33137 US

Changed 04/17/2008

Registered Agent Name & Address

LINDER, ROBERT
3601 FEDERAL HWY
MIAMI FL 33137 US

Name Changed: 03/27/2007

Address Changed: 03/27/2007

Officer/Director Detail

Name & Address

Title C

PEREZ, EVA

14

5900 N.E. 4TH COURT
MIAMI FL 33137 US

Title VD

VELEZ, AUREA I
19703 E. CYPRESS CT.
MIAMI LAKES FL 33015 US

Title TD

ALBA, VICTOR
1044 N.W. 29TH STREET, #2
MIAMI FL 33127

Title PD

LINDER, ROBERT
3601 FEDERAL HWY
MIAMI FL 33137

Title S

LAFORREST, MARGARET
153 N.W. 96 ST.
MIAMI FL 33150

Annual Reports

Report Year	Filed Date
2006	01/12/2006
2007	03/27/2007
2008	04/17/2008

Document Images

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Memorandum



Date: January 22, 2009

To: Honorable Chairman Dennis C. Moss
and Members, Board of County Commissioners

From: George M. Burgos
County Manager 

Subject: Countywide In-Kind Reserve 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 Borinquen Health Care Center, Inc. for their "2nd Annual Emilio Lopez Health Fair and Food Drive" event held on October 25, 2008.

In-kind services have been requested in an amount not to exceed \$2,366 from the Miami-Dade Park and Recreation Department for the use of a large showmobile. This event will be funded from the countywide in-kind reserve fund.

In FY 2008-09, Borinquen Health Care Center, Inc. has received \$117,500 from the General Fund.

Inkind02309