

### **MEMORANDUM**

Agenda Item No. 11(A)(30)

TO:

Honorable Chairman Dennis C. Moss

and Members, Board of County Commissioners

March 3, 2009

FROM:

R. A. Cuevas, Jr.

County Attorney

**SUBJECT:** 

DATE:

Resolution retroactively authorizing

in-kind services for the December 6, 2008 "La Griteria & Holiday Celebration" sponsored by

Celebration" sponsored by Community Performing Arts

Association, Inc.

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Vice-Chairman Jose "Pepe" Diaz.

County Attorney

RESO\2078

RAC/cp

TO:

Honorable Chairman Dennis C. Moss

DATE:

March 3, 2009

and Members, Board of County Commissioners

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

SUBJECT:

Agenda Item No. 11(A)(30)

rieas	te 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 Mayor'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 veriery

Approved	Mayor	Agenda Item No. 11(A)(30)
Veto		3-3-09
Override		
	RESOLUTION NO	

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE DECEMBER 6, 2008 "LA GRITERIA & HOLIDAY CELEBRATION" SPONSORED BY COMMUNITY PERFORMING ARTS ASSOCIATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,166.00 TO BE FUNDED FROM THE DISTRICT 12 IN-KIND RESERVE FUND

WHEREAS, the Community Performing Arts Association, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the December 6, 2008 "La Griteria & Holiday Celebration" event in an amount not to exceed \$2,166.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "La Griteria & Holiday Celebration" event is to celebrate the holidays and preserve the traditions and culture of Nicaraguans and others who are living in Miami-Dade County; and

WHEREAS, the Community Performing Arts Association, Inc. is a not-for-profit organization; and

WHEREAS, the "La Griteria & Holiday Celebration" event is a district event, as that term is defined on the attached Fee Waiver/In-kind Service Application and \$2,166.00 of the in-kind services shall be funded from the District 12 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

Agenda Item No. 11(A)(30) Page No. 2

December 6, 2008 "La Griteria & Holiday Celebration" event in an amount not to exceed \$2,166.00 to be funded from the District 12 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Vice-Chairman Jose "Pepe" Diaz. 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

Carlos A. Gimenez

Barbara J. Jordan

Dorrin D. Rolle

Katy Sorenson

Sen. Javier D. Souto

Audrey M. Edmonson

Sally A. Heyman

Joe A. Martinez

Natacha Seijas

Rebeca Sosa

The Chairperson thereupon declared the resolution duly passed and adopted this 3<sup>rd</sup> day of March, 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.

GHS

Gerald K. Sanchez

Hn: a liebano Naria liebano

> Form W-9 (Rev. November 2005)

# Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

	ent of the Treasury Isovenide Service			send to the ins.
s i		n your Income tax return)		
		forming Arts Association Inc.	•	
on Da		different from above		
Print or type Specific Instructions	Check appropriate	box Sole proprietor Corporation Partners		Exempt from backup withholding
言言し	Address (number,	street, and apt. or suite no.)	Requestor's name and a	rddress (optlonsil)
돈을  .	15250 S.W., 10			
1 123	City, state, and Zi	opdc -	<u> </u>	
ğ	Miami, Florida	33157		
See S		er(s) hero (optional)		
Part	Taxpay	er Identification Number (TIN)		
your en Note. I number	nployer identifice f the account is r to enter.	disregarded entity, see the Part I Instructions on page 3 tion number (EIN). If you do not have a number, see How a more than one name, see the chart on page 4 for guid	v to get a TIN on page 3. Tellnes on whose Employer is	or dentification number
Part	[ Certific	ation		
Under j	penalties of porju	ry, I certify that:		
t. The	number shown	on this form is my correct taxpayer identification number	(or I am waiting for a number to be is	sued to me), and
Hev	renue Service (IF	packup withholding because; (a) I am exempt from backu S) that I am subject to backup withholding as a result of no longer subject to backup withholding, and		
3. Fan	n a U.S. person	including a U.S. resident alien).		
withholi For mor arrange	ding because yo rigage interest p ement (IRA), and	ns. You must cross out item 2 above if you have been must be a have failed to report all interest and dividends on your ald, acquisition or abandonment of secured property, carpenerally, payments other than interest and dividends, you fee the instructions on page 4.)	tax return. For real estate transactions ncellation of debt, contributions to an	, item 2 does not apply. individual retirement
Sign Here	Signature of U.S. person	Mutieteli	Date > ///07	108

### Purpose of Form

A person who is required to file an Information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TiN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are walting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and evoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

The U.S. owner of a disregarded entity and not the entity,

Form W-9 (Flev. 11-2005)

Alex Upria Fictions

#### MANI-DADE COUNTY FEE WAIVERIN-KIND SERVICES APPLICATION

25/15/2/1/6/6

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. 1\* Street, Suite 2200
Miant, Ft., 33128

Phone: (305) 375-5143 Fax: (305) 375-5188

Mustral 1 # 20170

			·	
Ty	ne of	Even#Application	(select one of the following):	
	Ą	District Event -	Event of minimal impact related to specific commission district (Complete questions 1-7, sign and date; copy will submitted to the appropriate District Commissioner within two days of receipt of approacher.)	ll be
	<b>Q</b>	Small Event -	Event of minimal impact not necessarily related to a specific commission district. (Complete questions 1-7, sign date.)	and
	D	Special Event -		
	Ð	Major Event -	Large Event with expected altendance of over 5,000 or significant probability of profests, controversy, violance vandalism (Complete questions 1-12, sign, date and submit from no later than 120 days prior to event date.) Note: Event budget must be included for "Special" and "Major" event types.	ष
1.	Full	legal name of the	requesting organization: Community Performing Arts: Association Inc.	<del></del>
2.	Ápp	licant Status: (Sel	lact one of the choices below)	
	2,	Not-Fo	or-Profit or Tax Exempt	
	,	O For-Pri	ofi	
		Local	Government or Public Entity	
_		C) Other	(specify):	
<b>3</b> .	Nam 1	e and contact infi 5250 S. v.	ormation for single point of contact (address, phone, fex e-mail address, etc.): <u>Pector Gutierrez</u> 108 Avenue, <u>Miami F1.33157</u> / (305) 256-5775 / 772-3536	
		ax: (305)	259-1949	
e	Name H	e date of event, of color color	h-kind service requested (quantily, if applicable); In kind services \$2,000.00  tage (Show mobil) with roof and lights  description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): "La griterie ebration", Saturday December 2008, Nicaraguan traditional even	nt. Z
	F	orroas cei	epiation. To conserve the picaragrap tridditions and others out	tures
		iving in F	Miami Dade County	-
	Pleas	e select ALL that	apply to eveni:	
	٠. ١	Econôn	n <u>ic Development:</u> Event supports vitality or growth of the local aconomy	
		Youth/E	iducation. Event benefits youth of any age and/or offers educational benefits	_
	-	of life w	and Spcial Services. Event supports health-related causes end/or social programs or Institutions that Improve out thin the community	rality
	7	Aris and	1 Culture: Event supports music, theelre, literature, art or culture	_
			mental: Event benefits environmental concerns or promotes conservation	
•		- Sports a	and Athletics: Event supports/promotes organized sports or recreational participation	
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MIANN-DADE COUNTY
FEE WAIVERHI-KIND SERVICES APPLICATION

7,	Physical address of event venues (plassa specify Commission Dishicas): 103 Avenue West Flagler street, City of Sweetwater District # 12
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, summating roads ays and treffic flow diagrams, if applicable):
11.	Expected number of participants and estimated attendance (per day, if applicable):
12,	Itemized hudget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed):
	eby certify that all the statements made in this application are true and correct.  Mutirife Li gitter of Authorized Representative
<u>√o.</u> Dale	uembet 7, 2008

Page 2 of 2 Reviews 1/1500 Ato Mania Sielano

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

MAR 28 2006

COMMUNITY PERFORMING ARTS ASSOCIATION INC 15250 SW 108TH AVE MIAMI, FL 33157-1316

DEPARTMENT OF THE TREASURY

Employer Identification Number: 65-1113174

17053070781026

Contact Person:

GREGORY S PAJIVA

TD# 31533

Contact Telephone Number:

(877) 829-5500

Public Charity Status:

170 (b) (1) (A) (wi)

Dear Applicant:

Our letter dated January 2002, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Lois G. Lerner

Director, Exempt Organizations

Rulings and Agreements

Letter 1050 (DO/CG)



Bepartment of State

the attached is a true and correct copy of the Articles of cration of COMMUNITY PERFORMING ARTS ASSOCIATION, INC., a Florida on, filed on April 26, 2001, as shown by the records of this

certify the document was electronically received under FAX audit 101000044556. This certificate is issued in accordance with 15.16, Florida Statutes, and authenticated by the code noted below

remains number of this corporation is N01000002984.

Given under my hand and the Great Seal of the State of Florida, at Tallahassee, the Capital, this the Twenty-seventh day of April, 2001

fulcation Code: 101A00024945-042701-N01000002984-7/1

CR2EO22 (1.49)

Katherine Harris Katherine Harris Secretary of State





Date:

March 3, 2009

To:

Honorable Chairman Dennis C. Moss

and Members, Board of County Commissioners

From:

George M. Burge

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 the Community Performing Arts Association, Inc. for their "La Griteria & Holiday Celebration" event held on December 6, 2008.

In-kind services have been requested in an amount not to exceed \$2,166 from the Miami-Dade Park and Recreation Department for the use of one (1) show mobile. This event will be funded from District 12 in-kind reserve fund.

In FY 2008-09, the Community Performing Arts Association, Inc. has received \$1,000 from District 12 discretionary reserve.

Inkind03409