



**MEMORANDUM**

Agenda Item No. 11(A)(33)

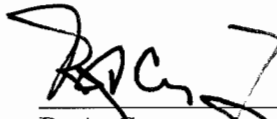
**TO:** Honorable Chairman Dennis C. Moss  
and Members, Board of County Commissioners

**DATE:** March 3, 2009

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

**SUBJECT:** Resolution retroactively  
authorizing in-kind services for  
the December 23, 2008 "Surfside  
Holiday Party" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Sally A. Heyman.

  
\_\_\_\_\_  
R. A. Cuevas, Jr.  
County Attorney

RAC/cp




**MEMORANDUM**  
(Revised)

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

**DATE:** March 3, 2009

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

**SUBJECT:** Agenda Item No. 11(A)(33)

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**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 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 review**



Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 11(A)(33)  
3-3-09

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE DECEMBER 23, 2008 "SURFSIDE HOLIDAY PARTY" SPONSORED BY THE SHUL OF BAL HARBOUR, INC., A NOT-FOR-PROFIT, IN AN AMOUNT NOT TO EXCEED \$1,225.00 TO BE FUNDED FROM THE DISTRICT 4 IN-KIND RESERVE FUND

**WHEREAS**, the Shul of Bal Harbour, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the December 23, 2008 "Surfside Holiday Party" in an amount not to exceed \$1,225.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the "Surfside Holiday Party" provides the community a safe environment to celebrate the Holiday season; and

**WHEREAS**, the Shul of Bal Harbour, Inc. is a not-profit-organization; and

**WHEREAS**, the "Surfside Holiday Party" is a district event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$1,225.00 of the in-kind services shall be funded from the District 4 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 December 23, 2008 "Surfside Holiday Party" in an amount not to exceed \$1,225.00 to be funded from the District 4 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Sally A. Heyman. 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
Joe A. Martinez	Barbara J. Jordan
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

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.

GKS

Gerald K. Sanchez

Parks - 2  
12/23 1,225

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. 1<sup>st</sup> 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: SHVL OF BAL HARBOUR, 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.):  
AMYCH CITRON, 9540 COLLINS AVE, SUITE 100, FL 33154; 305-968-1411; 776-316-5934 (cell);  
KABACITRON@THESHVL.ORG

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

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):  
SUNFISH ISLAND PARTY  
12/02

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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Handwritten signature

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

- 7. Physical address of event venues (please specify Commission District(s)): 9289 Harding Ave, Sunrise Town Hall, District 4
- 8. Description of regional or local impact: \_\_\_\_\_
- 9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 2m, 12/25/2008 FOR SET UP / TAKE DOWN ON SAME DAY BY 10 PM
- 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): EVENT AT 93 ST E, HARDING AVE, SUNRISE, FL
- 11. Expected number of participants and estimated attendance (per day, if applicable): ~300 PERSONS
- 12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): \_\_\_\_\_

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

[Signature]  
Signature of Authorized Representative


12/10/2008  
Date

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**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90011 044 \*\*\*\*\*70.00

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 767956</b>			
1. Entity Name <b>SHUL OF BAL HARBOUR, INC.</b>			
Principal Place of Business 9540 COLLINS AVENUE SURFSIDE, FL 33154 US		Mailing Address 9540 COLLINS AVE SURFSIDE, FL 33154 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 <b>58-2302315</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>LICHTER, DAVID</b> 2120 N.E. 117TH ROAD NORTH MIAMI, FL 33181		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature of present or former registered agent and FEI # (optional)</small>		DATE _____ <small>DATE: Registered Agent (signature required when returning)</small>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contributor. <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 '08	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LICHTER, DAVID 2120 N.E. 117TH ROAD NORTH MIAMI, FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEIN, ERIC 1260 98TH STREET BAY HARBOUR ISLANDS, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIPSKAR, ZALMAN 8250 WEST BAY HARBOR ISLANDS BAY HARBOUR ISLANDS, FL 33154 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLF, DAVID 223 BAL BAY DRIVE BAL HARBOUR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELDMAN, MITCHELL 10065 BAY HARBOR TERRACE BAL HARBOUR ISLANDS, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 138, 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 home address in Block 10 or Block 11 is changed, or on an attachment with an address, is not otherwise empowered.			
SIGNATURE: <u>David Lichter</u>		02/12/2008 305.933.9970	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	

4002600



02122008 Chg-NP CR2E037 (12/06)

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# SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION (305) 226-8315 Ext. 224/(305) 553-8511 (Fax)

## EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: SHL OF PAL HARBOR, INC.

EQUIPMENT REQUESTED: STAGE

NAME OF PERSON RESPONSIBLE FOR THIS BILL: ARMA ARTEH CITMAN (waiver)  
DISTRICT 4

OR INDEX CODE (MIAMI-DADE COUNTY AGENCIES ONLY): \_\_\_\_\_

BILLING ADDRESS/ ZIP CODE: DISTRICT 4

NAME/TITLE OF THE EVENT: SUNSHINE HOLIDAY PARTY

ADDRESS OF EVENT: 9289 HAWKINS AVE

TODAY'S DATE: 12/10/2008 DATE (S) & TIME OF EVENT: 12/23/2008

SET-UP TIME & DAY: 2pm 12/23

TAKE-DOWN & DAY: 10pm 12/23

CONTACT PERSON/PHONE: ARTEH CITMAN 786-316-5934

AT SITE CONTACT/CELL PHONE #: SAME

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

OTHER INFORMATION: Include additional equipment if needed.

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 (15) fifteen working days before the event.

\*Fee waiver Signature [Signature]  
(SEE FEE SCHEDULE FOR EXACT CHARGES)

Agency/Group SHL OF PAL HARBOR, INC.

**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.**



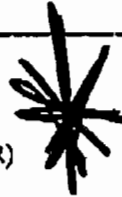
**Ferreiro, Maria (DIST4)**

**From:** Amador, Margaret (DIST4)  
**Sent:** Monday, December 08, 2008 11:56 AM  
**To:** Ferreiro, Maria (DIST4)  
**Subject:** FW: Need price  
**Attachments:** EQUIPMENT CONFIRMATION FORM (WITH LINES).doc

For your records

Margie Amador Robinson, Aide  
Miami-Dade Commissioner Sally A. Heyman  
1100 NE 163rd Street, #303  
North Miami Beach, FL 33162  
305-787-5999 Fax: 305-787-5998  
amadorm@miamidade.gov

**From:** Byrnes, Timothy (MDPR)  
**Sent:** Monday, December 08, 2008 10:27 AM  
**To:** Amador, Margaret (DIST4)  
**Cc:** Gonzalez, Ana (MDPR); Morgan, Tom (MDPR)  
**Subject:** RE: Need price



Ms. Amador,  
Just heard back from the third and final possible Showmobile driver, that he will be able to handle this delivery on December 23<sup>rd</sup> from 3PM to 9PM. The event organizer would have to supply a power source to plug in the showmobile into, you are looking at a 110-volt 30amp outlet. The cost for the medium showmobile would be as follows:

ITEM	COST	COMMENTS
SHOWMOBILE MEDIUM		
> DELIVERY, SET UP, BREAKDOWN & PICK UP	\$ 350.00	
> FIRST HOUR RENTAL	\$ 385.00	
> SEVEN ADDITIONAL HOURS OF RENTAL	\$ 490.00	
<b>TOTAL ESTIMATED COST</b>	<b>\$1,225.00</b>	

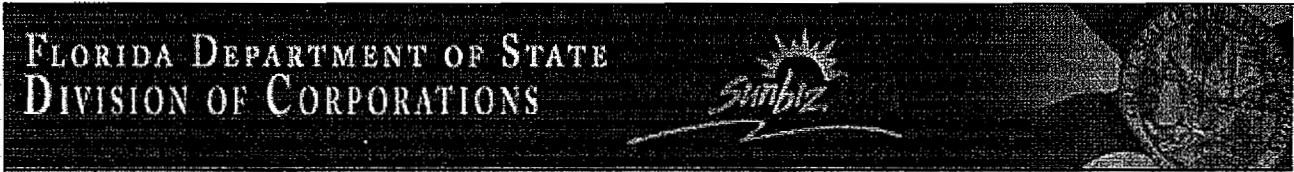
Please have the event organizer complete the attached Showmobile Equipment Confirmation Form and return to us as soon as possible. Trusting if you have any additional questions, you will contact are office.  
Tim Byrnes

**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](http://www.miamidade.gov/parks)  
"Delivering Excellence Every Day"

**From:** Amador, Margaret (DIST4)  
**Sent:** Monday, December 08, 2008 9:16 AM  
**To:** Showmobile (MDPR); Byrnes, Timothy (MDPR)  
**Cc:** Gonzalez, Ana (MDPR); Morgan, Tom (MDPR)  
**Subject:** RE: Need price  
**Importance:** High

Tim,

12/8/2008



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Entity Name S

## Detail by Entity Name

### Florida Non Profit Corporation

SHUL OF BAL HARBOUR, INC.

### Filing Information

**Document Number** 767956  
**FEI Number** 592302315  
**Date Filed** 04/14/1983  
**State** FL  
**Status** ACTIVE  
**Last Event** AMENDMENT  
**Event Date Filed** 09/29/1994  
**Event Effective Date** NONE

### Principal Address

9540 COLLINS AVENUE  
SURFSIDE FL 33154 US

Changed 03/07/2000

### Mailing Address

9540 COLLINS AVE  
SURFSIDE FL 33154 US

Changed 04/15/2005

### Registered Agent Name & Address

LICHTER, DAVID  
 2120 N.E. 117TH ROAD  
 NORTH MIAMI FL 33181 US

Name Changed: 03/16/1999

Address Changed: 03/16/1999

### Officer/Director Detail

#### Name & Address

Title PD

LICHTER, DAVID

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2120 N.E. 117TH ROAD  
NORTH MIAMI FL 33181

Title T

BAUM, JOEL  
9401 COLLINS AVE 405  
MIAMI BEACH FL 33154

Title SD

EXCHLER, HENRY  
146 CAMDEN DR  
MIAMI BEACH FL 33154

Title TD

WOLF, DAVID  
223 BAL BAY DRIVE  
BAL HARBOUR FL 33154

Title VP

FELDMAN, MITCHELL  
10065 BAY HARBOR TERACE  
BAL HARBOUR ISLANDS FL 33154

**Annual Reports**

**Report Year Filed Date**

<b>2006</b>	03/13/2006
<b>2007</b>	04/25/2007
<b>2008</b>	02/18/2008

**Document Images**

- 02/18/2008 -- ANNUAL REPORT [View image in PDF format](#)
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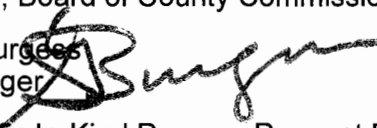
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# Memorandum



**Date:** March 3, 2009

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

**From:** George M. Burgess  
County Manager 

**Subject:** District Specific In-Kind Reserve Request Recommendation

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## 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 the Shul of Bal Harbour, Inc. for their "Surfside Holiday Party" held on December 23, 2008.

In-kind services have been requested in an amount not to exceed \$1,225 from the Miami-Dade Park and Recreation Department for use of a medium show mobile. This event will be funded from the District 4 in-kind reserve fund.

In FY 2008-09, the Shul of Bal Harbour, Inc. has received no county funding for this event.

Inkind03809