

Memorandum



Date: April 7, 2009

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

From: George M. Burgess
County Manager

Subject: In-Kind Services Recommendation for Liga Contra el Cancer, Inc.

Agenda Item No. 12(A)(1)

RECOMMENDATION

It is recommended that the Board approve the attached Resolution authorizing in-kind services for the Liga Contra el Cancer, Inc., in an amount totaling \$3,381.

BACKGROUND

A retroactive waiver for in-kind services has been requested by a not-for-profit organization the Liga Contra el Cancer, Inc. for their "2nd Annual Walk-a-Thon" event held on March 7, 2009.

In-kind services have been requested in an amount not to exceed \$3,381.00 from the Miami-Dade Park and Recreation Department for the waiver of Tropical Park fees, a 24'X40' stage and a generator. At the request of the Mayor, the Mayor's In-Kind Reserve Fund is being used to fund to this request.

In FY 2008-09, Liga Contra el Cancer, Inc. has received \$175,000 from the General Fund, \$1,000 from District 5 office funds, and \$10,000 from District 6 discretionary reserve.

A handwritten signature in black ink, appearing to read "Jennifer Glazer-Moon".

Jennifer Glazer-Moon
Special Assistant/Director, OSBM

Inkind05609



MEMORANDUM
OFFICE OF THE MAYOR

DATE: April 7, 2009

TO: George M. Burgess
County Manager

A handwritten signature in cursive script, appearing to read "Carlos Alvarez".

FROM: Carlos Alvarez, Mayor
Miami-Dade County

SUBJECT: In-Kind Reserve request – Liga Contra el Cancer

Attached is an application from the Liga Contra el Cancer, Inc., requesting in-kind services totaling \$3,381 for the Liga Contra el Cancer's "Annual Walk-a-Thon" event held on March 7, 2009. This request is for the use of a stage and generator from the Park and Recreation Department and the waiver of Tropical Park fees.

I have approved the use of the Mayor's In-Kind Reserve to fund this request. Please place this item on the March 10, 2009 Budget, Planning and Sustainability Committee agenda for subsequent approval by the full Board of County Commissioners at one of their April 2009 meetings.

If you have any questions regarding this request, please contact Denis Morales at (305) 375-5071.

Attachments

- c: Honorable Chairman Dennis C. Moss and Members,
Board of County Commissioners
- Denis Morales, Chief of Staff, Office of the Mayor
- Robert A. Cuevas, County Attorney
- Kay Sullivan, Clerk of the Board
- Dianne Davis, Director of Agenda Coordination
- Jennifer Glazer-Moon, Director, Office of Strategic Business Management

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MEMORANDUM
(Revised)

TO: Honorable Chairman Dennis C. Moss **DATE:** April 7, 2009
and Members, Board of County Commissioners

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

SUBJECT: Agenda Item No. 12(A)(1)

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. 12(A)(1)
4-7-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE MARCH 7, 2009 "2ND ANNUAL WALK-A-THON" SPONSORED BY THE LIGA CONTRA EL CANCER, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$3,381.00 TO BE FUNDED FROM THE MAYOR'S IN-KIND RESERVE FUND

WHEREAS, Liga Contra el Cancer, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the March 7, 2009 "2nd Annual Walk-a-Thon" in an amount not to exceed \$3,381.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "2nd Annual Walk-a-Thon" event is to raise funds for Liga Contra el Cancer; and

WHEREAS, Liga Contra el Cancer, Inc. is a not-for-profit organization; and

WHEREAS, the "2nd Annual Walk-a-Thon" is a small event, as defined in the attached Fee Waiver/In-kind Service Application, and \$3,381.00 of the in-kind services shall be funded from the Mayor's 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 March 7, 2009 "2nd Annual Walk-a-Thon" in an amount not to exceed \$3,381.00 to be funded from the Mayor's In-kind Reserve Fund.

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

The Chairperson thereupon declared the resolution duly passed and adopted this 7th day of April, 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

Approved by County Attorney as
to form and legal sufficiency. GKS

Gerald K. Sanchez

By: _____
Deputy Clerk

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Pages 3381
27

Fee Waiver/In-kind Services Application BCC Check List

- 1. Every item on the form must be completed. If any portion of the application is missing information, the application will not be accepted.
- 2. For Question #1 – you are to provide the organization's **Full Legal Name** as it appears in the Florida Corporation records. Example:
 - If the legal name of an organization is "We Fight Cancer One Person At a Time, Inc." that is what the application should state and not simply, "We Fight Cancer".
- 3. A copy of the non-profit status must be included with the application. A copy of that information can be downloaded from the Florida Corporation's Website:
<http://www.sunbiz.org/corpweb/inquiry/cormenu.html>
- 4. You **must** indicate the:
 - a. Type of Event (i.e. special, major, district, or small)
 - b. Not-for-Profit Status
 - c. Name of the Contact person for the organization
 - d. Specify the fee waiver or in-kind service requested
- N/A 5. If the event is a "special" or "major" event – an event budget is required and must be attached.
- 6. The authorized for the company must sign the application.

NOTE: ALL QUESTIONS MUST BE ANSWERED. IF ANY INFORMATION IS MISSING, THE APPLICATION WILL NOT BE ACCEPTED.

For OSBM Staff Use Only

Complete package received

Incomplete package, return to _____ District _____

Reason(s): _____

per
0113

Naive

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Liga Contra el Cancer / League Against Cancer
2nd Annual Walk-a-thon. A 3.1 mile walk to
raise funds for the league. 3/7

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)):
Tropical Park,
7900 SW 40 Street, Miami, FL 33173

8. Description of regional or local impact: N/A

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
Set-up 8am-5pm, Friday, March 6 2009.
Registration begins at 7³⁰am, Presentations at 8130am and
walk begins at 9am. Event to conclude at Noon and
begin breakdown.

**2008 NOT-FOR-PROFIT CORPORATION
REINSTATEMENT**

FILED

08 NOV 20 AM 10:33

CLERK OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # 732592				
1. Entity Name LIGA CONTRA EL CANCER, INC.				
Principal Place of Business 2180 SW 12 AVENUE MIAMI, FL 33129		Mailing Address 2180 SW 12 AVENUE MIAMI, FL 33129		
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	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		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>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLA, LUIS MD 200 CAUSARINA CONCOURSE CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500138136005 11/20/08--01036--001 #70,00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORA, ADRIANA 8051 S.W. 47TH STREET MIAMI, FL 33155 <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	V PINA, MAYRA 6844 S.W. 95TH COURT MIAMI, FL 33173 <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	V BLANCH, HILDA M M 7945 S.W. 79TH TERRACE MIAMI, FL 33143 <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	V FERRER, ELISEO 11906 S.W. 59TH COURT COOPER CITY, FL 33330 <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 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 empowered.				
SIGNATURE: <i>Adriana Cora</i>		Date: <i>11/13/2008</i> Daytime Phone #: <i>305-856-4914</i>		

REINSTATEMENT 2008 KS

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Rodriguez, Nadia (OSBM)

From: Santana-Penate, Vanessa (Mayor's Office)
Sent: Friday, February 13, 2009 2:07 PM
To: Rodriguez, Nadia (OSBM)
Cc: Trutie, Suzy (Mayor's Office)
Subject: La Liga Contra el Cancer Walk-a-thon in-kind request
Attachments: La Liga in-kind request.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Nadia.

Attached pls find the in-kind request for La Liga Contra el Cancer Walk-a-thon. This has been approved by our Chief of Staff, Denis Morales. Pls advise on what the next step would be.

Thank you,
V.

Vanessa Santana-Peñate, Senior Media Relations Specialist
Office of Communications, Miami-Dade County
111 NW 1st ST • Suite 2910
Miami, FL 33128
Tel. 305-375-1456
Fax 305-375-3304
www.miamidade.gov

"Delivering Excellence Every Day"

Miami-Dade County is a public entity subject to Chapter 119 of the Florida Statutes concerning public records. E-mail messages are covered under such laws and thus subject to disclosure.

Rodriguez, Nadia (OSBM)

From: Byrnes, Timothy (MDPR)
Sent: Wednesday, February 11, 2009 12:36 PM
To: Rodriguez, Nadia (OSBM); Jayska, Amanda (OSBM)
Cc: Santana-Penate, Vanessa (Mayor's Office); Kirwin, Kevin (MDPR); Morgan, Tom (MDPR); Morgan, Mercy (MDPR)
Subject: FW: Liga Contra El Cancer Fee Breakdown
Attachments: Liga Contra El Cancer Walk Fee Breakdown.doc

Follow Up Flag: Follow up
Flag Status: Flagged

Nadia, and Jayska,

Please find attached the cost estimate for the upcoming "Liga Contra El Cancer Walk" that will take place at Tropical Park on March 7th. The enclosed estimated cost is our best-guesstimate at this time, and a final cost cannot be determined until the completion of the event.

Trusting if there are any additional questions, you will contact our office.

Tim

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"

Liga Contra El Cancer Walk 3/7/09
Cost Breakdown
As of 2/9/09

Stadium:

- \$ 415.00 (Track Rental)

Open Area Fee for 2,000 people:

- \$1,030.00 (use of park access roads for walk route)

24X40 Stage (for two days)

- \$440.00 (1st Day)
 - \$ 85.00 (2nd Day)
- \$525.00 Total for 2 days**

Generator

- \$500.00

Staff Charges:

- Park Manager 5 = \$ 44.25 X 8hrs = \$ 354.00
- Park Manager 2 = \$ 22.40 X 8 hrs = \$179.20
- Park Attendant = \$ 16.39 X 8 hrs = \$ 131.12
- Custodial Worker = \$ 13.07 X 8 hrs = \$ 104.56
- Park Service Aide = \$ 11.06 X 8 hrs = \$ 88.48

Total \$ 857.36 (of Staff Charges)

Supply Charges:

- Two Boxes of Plastic Bags \$26.64 X 2 = \$53.28

Grand Total for Event: \$ 3, 380.64