



MEMORANDUM

Agenda Item No. 11(A)(19)

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

DATE: April 7, 2009

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

SUBJECT: Resolution retroactively authorizing
in-kind services for the March 19-22,
2009 NCAA Division 1 Men's
Basketball Tournament

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

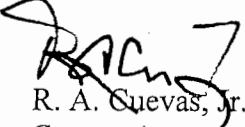


MEMORANDUM

(Revised)

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

DATE: April 7, 2009

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

SUBJECT: Agenda Item No. 11(A)(19)

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)(19)
4-7-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE GENERAL SERVICES DEPARTMENT FOR THE MARCH 19-22, 2009 "2009 NCAA DIVISION 1 MEN'S BASKETBALL TOURNAMENT" SPONSORED BY THE MIAMI-DADE SPORTS COMMISSION INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,000.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

WHEREAS, Miami-Dade Sports Commission, Inc. has requested in-kind services from the Miami-Dade General Services Department for the March 19-22, 2009 "2009 NCAA Division 1 Men's Basketball Tournament" in an amount not to exceed \$2,000.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the First and Second round games of the "2009 NCAA Division 1 Men's Basketball Tournament" will be played in Miami at the American Airlines Arena; and

WHEREAS, it is anticipated that over 19,000 spectators will attend each game; and

WHEREAS, the "2009 NCAA Division 1 Men's Basketball Tournament" will contribute to the economic wellbeing of our local economy and give Miami-Dade County national attention; and

WHEREAS, Miami-Dade Sports Commission, Inc. is a not-for-profit organization; and

WHEREAS, the "2009 NCAA Division 1 Men's Basketball Tournament" is a major event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$2,000.00 of 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 General Services Department for the March

19-22, 2009 "2009 NCAA Division 1 Men's Basketball Tournament" in an amount not to exceed \$2,000.00 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
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 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

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Gks

Gerald K. Sanchez

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

CoFA -
2000
March
19-22

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:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

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.)

1. Full legal name of the requesting organization: Miami-Dade Sports Commission, Inc.

2. Applicant Status: (Select one of the choices below)

- Not-For-Profit or Tax Exempt
- For-Profit
- County Sponsored Event/Sponsoring Department
- Other (specify): _____
- Local Government or Public Entity

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Mike Sophia, Executive Director (305) 818-7188, ext 1001 / (305) 819-2545 fax / (305) 803-4473 cell / 15280 NW 79th Court, Suite 109, Miami Lakes, FL 33016 / mwsophia@miamisports.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee waiver of \$2,000 for Parcel B rental for tournament staging

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The First and Second round games of the 2009 NCAA Division I Men's Basketball Tournament will be played in Miami at the American Airlines Arena, on March 20 - 22, 2009. The event is hosted by Florida International University in partnership with the Miami-Dade Sports Commission. Six games, Sixteen Teams, over 19,000 spectators per game are expected to be in attendance. Tickets are bought for all games.

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)): American Airlines Arena, PARCEL B 601 Biscayne Blvd, Miami, FL 33132 Commission District #3 - Audrey Edmonson

5

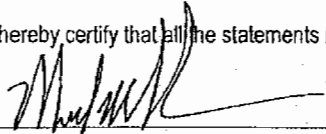
Dist. 3

county
2/12

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

8. Description of regional or local impact: The estimate economic impact \$9,530,465 with an estimated \$150,000 in Tourist Development Tax dollars incurred
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 12:00 AM on March 19th, 2009 through 11:59 PM on March 22, 2009. Teams will arrive on Wednesday March, 18th. Media will begin to arrive on March 19th. Practices will take place on Thursday, March 19th. The First Round will consist of four games that will be split into two sessions. Saturday, March 21st will be a "dead" day and the Arena will be open only to the Media. Sunday, March 22nd the second round of the Championships will feature two games.
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): All media parking will be hosted in PARCEL B located adjacent to the American Airlines Arena. Traffic will not be affected by the media parking, however the host is required to provide media and respective satellite trucks parking access on property site.
11. Expected number of participants and estimated attendance (per day, if applicable): 19,000
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Please see attached

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



Signature of Authorized Representative

2/10/2009

Date

6



APPLICATION FOR SPECIAL EVENT PERMIT
PARCEL B

1/30/09

Date of Application

Name of Person or Organization (Permittee): American Airlines Arena

Mailing Address: 601 Biscayne Boulevard, Miami, FL

Zip: 33132 Phone: 786-777-1128

Is your organization: For-profit: x Non-Profit:

Represented By: Michael Hurt Title: Senior Event Manager

Mailing Address: Same As Above Phone: Same As Above

Describe fully what your event will do and how it will contribute to the community:

NCAA First and Second Rounds.

Date(s) of Event: Thursday, March 19th - ^{March} ~~January~~ 22nd, 2009

Hours of Operation: From 12:00 AM on 3/19 To 11:59 PM on 3/22

Number of Participants: N/A Number of Spectators: N/A

What type of entertainment is planned, include performer(s) name(s) and/or group(s) name(s)

N/A

Period of requested use (including Set-Up/ Tear Down/ Clean Up):

From: 12:00 AM on 3/19/09 To: 11:59 PM on 3/22/09

Describe utility usage; list electrical equipment or appliances:

N/A

Describe extent of additional litter, trash or maintenance, which may be generated as a result from the use of the property: Arena is responsible for returning the property to its original state.

Please attach a site diagram of the set-up for the event. Show as much detail as possible. Show crowd flow, controls, and crowd seating. Also, show configuration and sizes of stage(s), concession booths, tent locations and fire protection equipment.

Who is the key person in charge of your event?

Name/Title: Michael Hurt

Address: Same As Above

Agency:

Telephone:

E-Mail:

mhurt@heat.com

7



Parcel B FEE SCHEDULE

SELECT EVENT TYPE:

(Make check payable to the Board of County Commissioners)

CARNIVALS, PRIVATE PARTIES, CONCERTS

Application Fee	\$250.00
Deposit	\$5,000.00
Daily Special Use Fee	\$7,500.00 (includes sales tax)
No. of days	_____

Subtotal Due: \$ _____

Total Due: \$ _____

STAGING FOR CIRCUS

Application Fee:	N/A
Deposit	\$5,000.00
Daily Special Use Fee:	\$650.00 (includes sales tax)
No. of days	_____

Subtotal Due: \$ _____

Total Due: \$ _____

STAGING FOR CONCERTS. Only applies to AAA events. Parking only allowed on gravel.

Application Fee:	N/A
Deposit	\$1,000.00
Daily Special Use Fee:	\$500.00 (includes sales tax)
No. of days	4

Subtotal Due: \$ 2,000

Total Due: \$ 2,000

VALET PARKING

Only applies to AAA events. Parking only allowed on gravel.

Application Fee:	N/A
Deposit	N/A
Daily Special Use Fee:	\$1,000.00 (includes sales tax)
No. of days	_____

Subtotal Due: \$ _____

Total Due: \$ _____

8

SPECIAL EVENT HISTORY

List the Five last events sponsored by your organization and where they were held, and please include the event name, date, total attendance, problems (if any), location of event, phone number of event location, and contact name for reference.

List the Five last events sponsored by your organization and where they were held, and please include the event name, date, total attendance, problems (if any), location of event, phone number of event location, and contact name for reference.

1. N/A

2. N/A

3. N/A

4. N/A

5. N/A

Do you owe anyone money for expenses incurred or revenue promised from prior events?

Date	Event	Person	Amount Owed

List all Co-Sponsors for this Event: N/A

Name	Address	City / State / Zip	Phone Number

What are the principal business activities of these co-sponsors?

Name	Activity

Will alcoholic beverage be served at your event: YES _____ NO X

BEER _____ PRICE _____
WINE _____ PRICE _____

Describe who, where, and what time the alcoholic beverages will be served: _____



MIAMI-DADE COUNTY
GENERAL SERVICES ADMINISTRATION
SPECIAL EVENT PERMIT APPLICATION REQUIREMENTS CHECKLIST

1. x A letter addressed to Miami-Dade County, General Services Administration, Real Estate Section, 111 N.W. 1 Street, Suite 2460, Miami, Florida 33128, to the attention of Elva R. Marin, Real Estate Manager, stating event date, time, location; impact to traffic and any other specific details pertaining to the event.
2. x Application must be completed and submitted for approval by Miami-Dade County. \$250.00 non-refundable application fee is required.
3. x Provide insurance certificate naming Miami-Dade County as the additional insured (see permit application for specific information). Contact Sharon Subadan-Henry, at (305) 375-4290 or shv@miamidade.gov for insurance requirement assistance. Insurance certificates must be received thirty (30) days prior to the event.
 - Insurance Certificate must be submitted in the name of the organization or person as stated on the application for permit.
 - Certificate Holder should read: Miami-Dade County: 111 N.W. 1 Street; Suite 2340, Miami, Florida; 33128.
 - Miami-Dade County must be shown as the additional insured.
 - Certificates will indicate no modification or change in insurance shall be made without thirty (30) days written advance notice to the certificate holder.
4. N/A Copy of letter to American Airlines Arena notifying the event, date, time, and location. Letter must be sent out at the time the application is submitted for approval; letter is to be mailed signed returned receipt, with signed copies forwarded to our office to ensure there are no conflicts with existing schedules. If conflicts arise event request date will not be authorized.
5. N/A Proof that proper police coverage will be provided for the event by the Miami-Dade Police Department. Telephone: (305) 571-3057 and Fax: (305) 571-3015, i.e., a copy of a written contract, including permit number and cancelled check.
6. Proposed Site Plan
7. Event Budget, Financial Statements/Pending debts
8. List of all sub-vendors and Concessionaires
9. Proof of Not-for-Profit Status (if applicable)
10. Comply with Accessibility check list
11. Portable restroom verification – amount and location.
12. Waste disposal containers and trash receptacles. Minimum 20 cubic-yard container.
13. City of Miami Off Duty Police – Traffic flow/Vehicle parking
14. Grounds and Facility Maintenance
15. Building Permits – City of Miami
16. DERM Permit
17. HRS requirements. Temporary permits for food service must be obtained
18. State of Florida – Temporary alcoholic beverage permit is required
19. Proof that proper Fire-Rescue coverage will be provided for the event
20. Requested security deposit and event fee

Miami-Dade Sports Commission
EVENT BUDGET FORM

EVENT: NCAA Tournament 09

SITE: American Airlines Arena

DATE: March 20-22, 2009

BUDGET CODE: _____

	<u>CASH</u>	<u>IN-KIND</u>	<u>TOTAL</u>
Income			
Tickets	\$3,762,000.00		\$3,762,000.00
Ticket Fee	\$38,500.00		\$38,500.00
Table Sales/VIP Packages	\$0.00		\$0.00
Sponsors - Event Specific	\$0.00		\$0.00
Advertising	\$0.00		\$0.00
Vendors	\$0.00		\$0.00
Grants	\$0.00		\$0.00
Hotel Rebates	\$0.00		\$0.00
Merchandising	\$0.00		\$0.00
Concessions (Food and Bev)	\$0.00		\$0.00
Rights Fee/Management Fee	\$0.00		\$0.00
Other/Miscellaneous	\$0.00		\$0.00
Total Income	<u>\$3,800,500.00</u>	<u>\$0.00</u>	<u>\$3,800,500.00</u>
Expenses			
Venue Rental (10% of Gross Ticket Revenue)	\$380,050.00		\$380,050.00
Venue Staffing/Equipment	\$0.00		\$0.00
Travel - Participant	\$0.00		\$0.00
Travel - Staff/Officials	\$0.00		\$0.00
Housing/Accommodations	\$12,000.00		\$12,000.00
Officials Fees	\$0.00		\$0.00
Staffing / Contract Labor	\$3,900.00		\$3,900.00
Printed Materials	\$2,500.00		\$2,500.00
Postage/Shipping	\$0.00		\$0.00
Advertising/Promotions	\$18,500.00		\$18,500.00
Signage	\$6,000.00		\$6,000.00
Decorations	\$66,000.00		\$66,000.00
Incentives/Apparel	\$0.00		\$0.00
Awards	\$0.00		\$0.00
Sponsor/VIP Gifts	\$500.00		\$500.00
Participant Hospitality	\$0.00		\$0.00
Hospitality/Entertainment	\$47,243.19		\$47,243.19
Security	\$3,000.00		\$3,000.00
Medical	\$1,000.00		\$1,000.00
Drug Testing	\$500.00		\$500.00
Shuttle	\$12,500.00		\$12,500.00
Transportation	\$10,000.00		\$10,000.00
Telephone	\$1,500.00		\$1,500.00
Insurance	\$0.00		\$0.00
Equipment - Rental	\$3,500.00		\$3,500.00
Equipment - Purchase	\$0.00		\$0.00
Facility Supplies	\$7,000.00		\$7,000.00
Audio/Visual	\$0.00		\$0.00
Production/Talent	\$1,000.00		\$1,000.00
Special Events	\$0.00		\$0.00
Ticket Postage	\$2,500.00		\$2,500.00
Ticket Printing	\$0.00		\$0.00
Promotion Supplies	\$1,500.00		\$1,500.00
Participant Manual	\$0.00		\$0.00
Calibration of Rims	\$2,700.00		\$2,700.00
Miscellaneous	\$1,500.00		\$1,500.00
Total Expenses	<u>\$584,893.19</u>	<u>\$0.00</u>	<u>\$584,893.19</u>

NCAA NET INCOME/LOSS

\$3,215,606.81

12



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[Previous on List](#)
 [Next on List](#)
 [Return To List](#)

[No Events](#)
 [No Name History](#)

Entity Name:

Detail by Entity Name

Florida Non Profit Corporation

MIAMI-DADE SPORTS COMMISSION, INC.

Filing Information

Document Number N04000003590
FEI Number 753150179
Date Filed 04/05/2004
State FL
Status ACTIVE

Principal Address

15280 NW 79TH COURT
 SUITE 109
 MIAMI LAKES FL 33016

Changed 02/09/2007

Mailing Address

15280 NW 79TH COURT
 SUITE 109
 MIAMI LAKES FL 33016

Changed 02/09/2007

Registered Agent Name & Address

GAUTIER, LARRY
 15280 NW 79TH COURT
 109
 MIAMI LAKES FL 33016 US

Address Changed: 02/09/2007

Officer/Director Detail

Name & Address

Title C

GAUTIER, LARRY
 15280 NW 79TH COURT, SUITE 109
 MIAMI LAKES FL 33016 US

13

Title VC

SOLOMON, JEFF
13865 SOUTH DIXIE HIGHWAY, SUITE 307
MIAMI FL 33176 US

Title MRS.

BROWN, LINDA D MRS
1450 NE 2ND AVENUE, ROOM 202
MIAMI FL 33132 US

Title T

SALVER, ISAAC
1019 96TH STREET, SUITE 202
MIAMI BEACH FL 33154 US

Title C

DIAZ, JOSE
8345 NW 12TH STREET
MIAMI FL 33126 US

Title MRS.

BROWN, LINDA D
1450 NE 2ND AVENUE, ROOM 202
MIAMI FL 33132 US

Annual Reports

Report Year	Filed Date
2006	05/03/2006
2007	02/09/2007
2008	02/25/2008

Document Images

- 02/25/2008 -- ANNUAL REPORT
- 02/09/2007 -- ANNUAL REPORT
- 05/03/2006 -- ANNUAL REPORT
- 04/26/2005 -- ANNUAL REPORT
- 04/05/2004 -- Domestic Non-Profit

Note: This is not official record. See documents if question or conflict.

[Previous on List](#) [Next on List](#) [Return To List](#)

No Events No Name History

14

Memorandum



Date: April 7, 2009

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

From: George M. Burgess
County Manager

Subject: Countywide 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 countywide 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 Miami-Dade Sports Commission, Inc. for the "2009 NCAA Division 1 Men's Basketball Tournament" event held on March 19-22, 2009.

In-kind services have been requested in an amount not to exceed \$2,000.00 from the Miami-Dade General Services Department for fee waiver of Parcel B at American Airlines. This event will be funded from the countywide in-kind reserve fund.

In FY 2008-09, the Miami-Dade Sports Commission, Inc. has received \$500,000 from the General Fund.

Inkind07709