



**MEMORANDUM**

Agenda Item No. 11(A)(20)


**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 February 11,  
2009 "Bob Beamon Scholarship Fair"

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)(20)

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)(20)  
4-7-09

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

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT FOR THE FEBRUARY 11, 2009 "BOB BEAMON SCHOLARSHIP FAIR" SPONSORED BY THE BOB BEAMON ORGANIZATION FOR YOUTH, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$775.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

**WHEREAS**, Bob Beamon Organization for Youth, Inc. has requested in-kind services from the Miami-Dade Police Department for the February 11, 2009 "Bob Beamon Scholarship Fair" in an amount not to exceed \$775.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the purpose of the "Bob Beamon Scholarship Fair" is to assist high school students who are pursuing a college education and are in need of financial assistance; and

**WHEREAS**, the Bob Beamon Organization for Youth, Inc. is a not-for-profit organization; and

**WHEREAS**, the "Bob Beamon Scholarship Fair" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$775.00 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 a fee waiver from the Miami-Dade Police Department for the February 11, 2009 "Bob

Beamon Scholarship Fair” in an amount not to exceed \$775.00 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  |
| Dorin D. Rolle       | Natacha Seijas     |
| Katy Sorenson        | Rebeca Sosa        |
| Sen. Javier D. Souto |                    |

The Chairperson thereupon declared the resolution duly passed and adopted this 7<sup>th</sup> 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

*Parks-211  
775*

**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. 1st Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 375-5168  
*(305) 321-1046*

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: Bob Beamon Organization for Youth

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.): \_\_\_\_\_

Robert Beamon  
2221 N.E. 164th St Suite 359  
Aventura Fl 33160  
(305) 731-4129 / bob.beamon@gmail.com

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

Police presence & security  
@ scholarship fair

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*Edmond*  
*(3)*

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):

Bob Beamon Organization for Youth  
# "Infinite Scholars & Scholarship Fair"

February 11, 2009 4:00 p.m. - 10:00 p.m.

provide college acceptance + scholarship  
opportunity to local high school students

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)):

District #3  
African Heritage Cultural Center  
6161 N.W. 22 Ave  
Miami FL 33142

8. Description of regional or local impact:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MIAMI-DADE COUNTY**  
**FEE WAIVER/KIND SERVICES APPLICATION**  
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10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Expected number of participants and estimated attendance (per day, if applicable): \_\_\_\_\_  
\_\_\_\_\_

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.

Laura Morse  
Signature of Authorized Representative  
*Laura Morse*  
y/c  
Robert Beaman

2/2/09  
Date

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# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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Entity Name

## Detail by Entity Name

### Florida Non Profit Corporation

THE BOB BEAMON ORGANIZATION FOR YOUTH, INC.

#### Filing Information

**Document Number** N01000000264  
**FEI Number** 651069787  
**Date Filed** 01/11/2001  
**State** FL  
**Status** ACTIVE  
**Last Event** NAME CHANGE AMENDMENT  
**Event Date Filed** 04/18/2005  
**Event Effective Date** NONE

#### Principal Address

2221 NE 164 STREET  
 359  
 AVENTURA FL 33160  
 Changed 07/30/2008

#### Mailing Address

2221 NE 164 STREET  
 #359  
 AVENTURA FL 33160 US  
 Changed 07/30/2008

#### Registered Agent Name & Address

MOGENSEN & ASSOCIATES CPA  
 9360 SUNSET DRIVE  
 SUITE 287  
 MIAMI FL 33173 US

Name Changed: 05/31/2005  
 Address Changed: 05/31/2005

#### Officer/Director Detail

Name & Address

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Title PC

BEAMON, BOB  
PO BOX 82002  
AVENTURA FL 33280-2002 US

Title D

CLINE, MIKE L  
PO BOX 802002  
AVENTURA FL 33280-2002 US

Title D

GUERIN, SUSAN  
PO BOX 802002  
AVENTURA FL 33280-2002 US

Title D

HOFING, SID  
PO BOX 802002  
AVENTURA FL 33280-2002 US

Title D

WALKER, JOEY  
PO BOX 802002  
AVENTURA FL 33280-2002 US

**Annual Reports**

**Report Year Filed Date**

<b>2006</b>	05/01/2006
<b>2007</b>	04/29/2007
<b>2008</b>	07/30/2008

**Document Images**

- [07/30/2008 -- ANNUAL REPORT](#)
- [04/29/2007 -- ANNUAL REPORT](#)
- [05/01/2006 -- ANNUAL REPORT](#)
- [05/31/2005 -- ANNUAL REPORT](#)
- [05/03/2005 -- Off/Dir Resignation](#)
- [04/18/2005 -- Name Change](#)
- [06/08/2004 -- ANNUAL REPORT](#)
- [02/24/2003 -- ANNUAL REPORT](#)
- [01/14/2002 -- ANNUAL REPORT](#)
- [01/11/2001 -- Domestic Non-Profit](#)

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

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# 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

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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 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 Bob Beamon Organization for Youth, Inc. for their "Bob Beamon Scholarship Fair" held on February 11, 2009.

In-kind services have been requested in an amount not to exceed \$775 from the Miami-Dade Police Department for personnel services. This event will be funded from the countywide in-kind reserve fund.

In FY 2008-09, the Bob Beamon Organization for Youth, Inc. has received no county funding for this event.

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