

MEMORANDUM

Agenda Item No. 11(A)(44)

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

DATE: June 2, 2009

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

SUBJECT: Resolution retroactively
authorizing in-kind services
for the May 3, 2009 "Annual
Volunteer Recognition Picnic"

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Rebeca Sosa.



R. A. Cuevas, Jr.
County Attorney

RAC/up



MEMORANDUM

(Revised)

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

DATE: June 2, 2009

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

SUBJECT: Agenda Item No. 11(A)(44)

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)(44)
6-2-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE MAY 3, 2009 “ANNUAL VOLUNTEER RECOGNITION PICNIC” SPONSORED BY THE DADE COUNTY DENTAL RESEARCH CLINIC, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,275.00 TO BE FUNDED FROM THE DISTRICT 6 IN-KIND RESERVE FUND

WHEREAS, the Dade County Dental Research Clinic has requested in-kind services from the Miami-Dade Park and Recreation Department for the May 3, 2009 “Annual Volunteer Recognition Picnic” in an amount not to exceed \$1,275.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the “Annual Volunteer Recognition Picnic” is to recognize dentists who volunteer their services on behalf of the Dade County Dental Research Clinic which provides dental care to the underserved population; and

WHEREAS, Dade County Dental Research Clinic is a not-for-profit organization; and

WHEREAS, the “Annual Volunteer Recognition Picnic” is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$1,275.00 of the in-kind services shall be funded from the District 6 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 May

3, 2009 "Annual Volunteer Recognition Picnic" in an amount not to exceed \$1,275.00 to be funded from the District 6 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Rebeca Sosa. 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 2nd day of June, 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

Attn: Lourdes

Parks-1275
5/3

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09

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:

Office of Strategic Business Management
111 N.W. 1st 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.

Commissioner sponsoring event Rebecca Sosa

1. Full legal name of the requesting organization: Dade County Dental Research
ASH: Community Smiles. Clinic

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.): _____

Amaris M. Fabelo / Robert Wotke
15030 Dunbarton Place
Miami Lakes FL 33014

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

for shelter - May 3, 2009 Amelia
Earhart Park, Hialeah, FL

Sosa
6

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

Annual Volunteer Recognition Picnic/Event
May 3, 2009
Recognize volunteer dentists for Dade
County Dental Research Clinic. Non
Profit Dental Clinic

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)):

Amelia Earhart
Park Daleah, Florida

8. Description of regional or local impact:

improving oral health of
underserved population in Miami
Dade County

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

10AM - 6PM

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Annual Volunteers Recognition Picnic
Amelia Earhart Park, Hialeah Florida
11. Expected number of participants and estimated attendance (per day, if applicable): 250 people.
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): ^{N/A}
(\$4000 - \$5000) food, recognition certificates
children activities & entertainment.

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

O. Fabelo
Signature of Authorized Representative

3/16/09
Date



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Detail by Entity Name

Florida Non Profit Corporation

DADE COUNTY DENTAL RESEARCH CLINIC

Filing Information

Document Number 731323
FEI/EIN Number 237372819
Date Filed 12/05/1974
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 12/04/2002
Event Effective Date NONE

Principal Address

750 N W 20 ST
 G-110
 MIAMI FL 33127
 Changed 04/12/2006

Mailing Address

750 N W 20 ST
 G-110
 MIAMI FL 33127
 Changed 04/12/2006

Registered Agent Name & Address

COMMUNITY SMILES
 750 NW 20TH STREET
 G-110
 MIAMI FL 33127 US
 Name Changed: 05/27/2008
 Address Changed: 04/12/2006

Officer/Director Detail

Name & Address

Memorandum



Date: June 2, 2009

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

From: George M. Burgess
County Manager 

Subject: District Specific In-Kind Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for this 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 has been requested by a not-for-profit organization, the Dade County Dental Research Clinic, for their "Annual Volunteer Recognition Picnic" event scheduled for May 3, 2009.

In-kind services have been requested in an amount not to exceed \$1,275 from the Miami-Dade Park and Recreation Department for a shelter fee waiver at Amelia Earhart Park. This event will be funded from the District 6 in-kind reserve fund.

In FY 2008-09, the Dade County Dental Research Clinic has received \$27,500 from the following District discretionary reserve funds: \$2,500 from District 1, \$5,000 from District 3, \$7,500 from District 6, \$5,000 from District 7, \$2,500 from District 8, and \$5,000 from District 11.

Inkind10509