

MEMORANDUM

Agenda Item No. 11(A)(43)

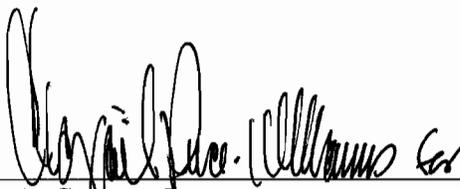
TO: Honorable Chairman Dennis C. Moss
and Members, Board of County Commissioners

DATE: June 2, 2009

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

SUBJECT: Resolution retroactively
authorizing in-kind services
for the April 18, 2009 "5K
Walk/Run for Asthma"

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Chairman Dennis C. Moss.



R. A. Cuevas, Jr.
County Attorney

RAC/jls



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)(43)

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)(43)
6-2-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT, THE MIAMI-DADE FIRE RESCUE DEPARTMENT AND THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE APRIL 18, 2009 "5K WALK/RUN FOR ASTHMA" SPONSORED BY CONTINENTAL SOCIETIES OF GREATER MIAMI INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$11,404.00 TO BE FUNDED IN PART FROM THE COUNTYWIDE IN-KIND RESERVE FUND AND IN PART FROM THE NON-AD VALOREM PORTION OF THE FIRE RESCUE DISTRICT BUDGET

WHEREAS, Continental Societies of Greater Miami, Inc. has requested in-kind services from the Miami-Dade Police Department, the Miami-Dade Fire Rescue Department and the Miami-Dade Park and Recreation Department for the April 18, 2009 "5K Walk/Run For Asthma" event in an amount not to exceed \$11,404.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "5K Walk/Run For Asthma" is to educate the community regarding asthma and raise funds to support school based programs, as well as the American Lung Association and the University of Miami's Asthma Clinical Research Center; and

WHEREAS, Continental Societies of Greater Miami, Inc. is a not-for-profit organization; and

WHEREAS, the "5K Walk/Run For Asthma" is a special event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$10,315.00 of the in-kind services

shall be funded from the Countywide In-kind Reserve Fund and \$1,089.00 of the in-kind services shall be funded from the non-ad valorem portion of the Fire Rescue 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 Police Department, the Miami-Dade Park and Recreation Department and the Miami-Dade Fire Rescue Department for the April 18, 2009 "5K Walk/Run For Asthma" in an amount not to exceed \$11,404.00 to be funded in part from the Countywide In-kind Reserve Fund and in part from the non-ad valorem portion of the Fire Rescue In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Chairman Dennis C. Moss. 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-Chairwoman	
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

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

Handwritten: PARS - 7,300
to file - 2305
File - 10/29
11,404

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 Commissioner Dennis C. Moss
Board of County Commissioners
District 9
111 N.W. 1st Street, Suite 320
Miami, Florida 33128

Wayman G. Bannerman
Chief of Staff
Phone: (305) 375-4832
Fax: (305) 372-6011

Handwritten: 4/18

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.)

For District 9 Office Staff Use Only, however please note that an event budget must be included for "Special and "Major" Event types

Commissioner Sponsoring Event: Comm. Dennis C. Moss

1. Full legal name of the requesting organization: Continental Societies, Inc. Greater Miami Chapter

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.): Continental Societies
Greater ATTN: CHRISTA DEAN PO Box 162238 Miami, FL 33116 - 2238
305 233 4574 (D) 305 278 4108 (fax) evproductions@bellsouth.net

4. Specify fee waiver or in-kind service requested (quantify, if applicable): In Kind services from MDPD, MD
Fire Rescue, MP Public Recreation and Miami Metrozoo for April 18, 2009, 4th Annual
5K Walk/Run for Asthma in the amount not to exceed \$9,857.41. The
Walk/Run/Countywide Event.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Continental Societies, Inc. Greater Miami Chapter in association with the
American Lung Association 5K Walk/Run for Asthma Sat. April 18, 2009. Funds
from this event will assist in the support of the American Lung Association South Area
school based asthma programs as well as ALA's Asthma Clinical Research Center.

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)): Miami Metrozoo 12400 SW 152 St
District 9

Handwritten: (9)

Handwritten: 6

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
PAGE 2

- 8. Description of regional or local impact: The 5K Walk/Run for Asthma is a county wide event open to the public and all residents of Miami Dade County. This walk has a positive impact on the educational, health and wellness initiative in M.D. County. The walk will highlight the effects of asthma, how to deal with its effects and how to maintain and decrease the probability of occurrence.
- 9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Sat. Apr 18, 2009 Setup 5:30am event registration 6:30am, Run 7:50 Walk 8:00am Event ends at 1:30pm breakdown ends at 1:30pm
- 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roads and traffic flow diagrams, if applicable): Miami Meadows, Grasslands and Gazelec Grove and the adjacent parking lot, restrooms, gazebos, volleyball and softball areas
- 11. Expected number of participants and estimated attendance (per day, if applicable): Expected number of attendees is 750. The amount includes workers, volunteers support staff on April 18, 2009.
- 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

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

Christina Dr
Signature of Authorized Representative

Date _____

MIAMI- DADE PARKS & RECREATION DEPAR 'MENT
SHOWMOBILE, STAGES, BLEACHERS, SOUTH & P. ODUCTION

Phone: (305) 226-8315 x 8

Fax: (305) 553-8511

EQUIPMENT CONFIRMATION FORM

ORGANIZATION/AGENCY: OFFICE OF COMMISSIONER DENNIS C. MOSS

EQUIPMENT REQUESTED: SHOWMOBILE

NAME OF PERSON RESPONSIBLE FOR THIS BILL: DENNIS C. MOSS

BILLING ADDRESS/ ZIP CODE: 111 N.W. 1ST STREET, SUITE 320, MIAMI, FLORIDA 33128

NAME/TITLE OF THE EVENT: 4th Annual 5K Walk / Run for Asthma

ADDRESS OF EVENT: Miami Metro Zoo 12400 SW 152 Street

TODAY'S DATE _____ DATE (S) OF EVENT: 4-18-09

SET-UP TIME & DAY: 4-17-09 2pm

TAKE-DOWN & DAY: 4-18-09 3pm

CONTACT PERSON/PHONE: Christa Dean 305 305 5167 / Valery Neal 305 753-7046

AT SITE CONTACT/CELL PHONE #: same Valery Neal 305 753 7046

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

Please contact organization for special instructions.

OTHER INFORMATION: Include additional equipment if needed.

Please see attached request letter.

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 (5) five working days before the event.

*Fee

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature

Agency/Group

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.

 In-Kind Budget Allocation

8

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

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Detail by Entity Name

Florida Non Profit Corporation

CONTINENTAL SOCIETIES OF GREATER MIAMI, INCORPORATED

Filing Information

Document Number N01000005011
 FEI/EIN Number 311811062
 Date Filed 07/16/2001
 State FL
 Status ACTIVE
 Last Event CANCEL ADM DISS/REV
 Event Date Filed 05/17/2005
 Event Effective Date NONE

Principal Address

16155 SW 117 AVE., STE. 12
 MIAMI FL 33177 US

Mailing Address

P.O. BOX 162238
 MIAMI FL 33116 US
 Changed 09/14/2007

Registered Agent Name & Address

WASHINGTON, LYNN C
 701 BRICKELL AVE., STE. 3000
 MIAMI FL 33131 US

Officer/Director Detail

Name & Address

Title P
 DOTSON, EARLENE P
 17901 SW 78TH AVE
 MIAMI FL 33157

Title VP
 WILLIAMS, MATTIE
 15004 SW 113TH COURT
 MIAMI FL 33176

Title VP
 GREEN, VASSIE
 9350 SW 170TH ST
 PALMETTO BAY FL 33157

9

**MIAMI-DADE FIRE RESCUE DEPARTMENT
SPECIAL EVENTS BUREAU**

9300 N.W. 41 STREET
DORAL, FLORIDA 33178
OFFICE (786) 331-5000 / FAX (786) 331-4435

SPECIAL EVENTS OVERTIME ESTIMATE SHEET

Invoice Number: _____

Date: April 7, 2009

Control Number: _____

Prepared By: LONIE BROWN

VENDOR INFORMATION

Name: <u>CONTINENTAL SOCIETIES, INC.(IN KIND)</u>			
Billing Address: <u>16155 SW 117 AVENUE STE 12</u>			
City: <u>MIAMI</u>	State: <u>FL</u>	Zip Code: <u>33177</u>	
Phone Number: <u>305-233-4594</u>	Fax Number: <u>305-278-4108</u>		

PERSONNEL

Rank / Title	Overtime Hourly Rate	Quantity	Event Hours	Total
Chief Fire Officer	\$ 75.00			\$ -
Captain	\$ 65.00	1	6	\$ 390.00
Lieutenant	\$ 55.00			\$ -
Fire Fighter	\$ 50.00	2	6	\$ 600.00
Civilian Inspector	\$ 56.04			\$ -
Beach Manager	\$ 30.25			\$ -
Lifeguard 2	\$ 26.75			\$ -
Lifeguard 1	\$ 22.75			\$ -
Civilian (Overtime Rate Only) DISPATCHER	\$ 30.00			\$ -
Personnel Total				\$ 990.00

EQUIPMENT

Type	Hourly Rate	Quantity	Event Hours	Total
Pumper	\$ 100.00			\$ -
QRV / TRT	\$ 65.00			\$ -
Rescue Truck	\$ 50.00			\$ -
Motorcycle Unit	\$ 40.00			\$ -
Rescue Cart	\$ 35.00			\$ -
Rigid Hull Inflatable Boat (RHIB)	\$ 35.00			\$ -
Personal Watercraft (PWC)	\$ 35.00			\$ -
Bicycle Unit	\$ 35.00			\$ -
Equipment Total				\$ -
Personnel Total				\$ 990.00
10% Administrative Fee				\$ 99.00
Total Event Estimate				\$ 1,089.00

Please make checks payable to: **Board of County Commissioners**

Please note: The Board of County Commissioners set all rates through County Administrative Order 7-33.

NOTE: The above costs are only an estimate for your event. Any permit related inspection costs (tents, stages, etc.) and/or other related firewatch and rescue standby related costs will be borne by the vendor. Required permit inspections must be completed before occupying or use. After hours or weekend inspections will be billed at a rate of \$50.00 per hour with a minimum 4-hour charge.



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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Continental Societies, Inc and The American Lung Association
Of Florida

EQUIPMENT REQUESTED: Small Showmobile

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis C. Moss
District #9

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): _____

BILLING ADDRESS/ZIP CODE: 10710 SW 211 Street Suite 206 Miami, FL 33189

NAME/TITLE OF THE EVENT: 4th Annual 5k Walk/Run for Asthma

ADDRESS OF EVENT: Miami Metro Zoo 12400 SW 152 Street

TODAY'S DATE: 04/07/09

DATE (S) & TIME OF EVENT: 04/18/09 8:00 AM - 1:00 PM

SET-UP TIME & DAY: 04/17/09 2:00 PM

TAKE-DOWN TIME & DAY: 04/18/09 3:00 PM

CONTACT PERSON/PHONE: Christa Dean 305-305-5160

AT SITE CONTACT/CELL PHONE#: Valery Neal 305-753-7046

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: \$2,305.00 In-kind District #9

Signature: _____

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Christa Dean

Agency/Group: Continental Societies Inc

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

**½ (HALF) OF RENTAL FEE. *There will be no completed reservation on the schedule unless the
confirmation Form is filled out completely and signed.**

Late equipment arrivals, please call (786) 236-7926

11

Rodriguez, Nadia (OSBM)

From: Vega, Diana (MDPR)
Sent: Wednesday, April 15, 2009 12:02 PM
To: Vazquez, Maricely (Office of the Chair); Daker, Richard F. (MDPD); Antoine, Michel (MDFR)
Cc: Rodriguez, Nadia (OSBM); Mallo, Terry (MDPR)
Subject: RE: Continental Societies, Inc - 5k Asthma Walk

Follow Up Flag: Follow up
Flag Status: Flagged

Hi Maricely,

On the Zoo's end, the cost is below:

\$6,750.00 (750 x \$9.00)
+ 550.00 (Facility rentals for Gazelle Grove and Grasslands)
\$7,300.00

Please let me know if you need anything else. I apologize for the delay in the e-mail.

Thanks,

Diana M. Vega, Group Sales Manager
Miami Metrozoo
Miami-Dade Parks and Recreation Department
305-251-0400 ext. 244
www.miamimetrozoo.com

"Delivering Excellence Every Day"

 Save a tree. Don't print this e-mail unless it's really necessary.

From: Vazquez, Maricely (Office of the Chair)
Sent: Thursday, April 09, 2009 12:05 PM
To: Vazquez, Maricely (Office of the Chair); Daker, Richard F. (MDPD); Antoine, Michel (MDFR); Vega, Diana (MDPR)
Cc: Rodriguez, Nadia (OSBM)
Subject: RE: Continental Societies, Inc - 5k Asthma Walk

For the exception of Mr. Daker,

Can I please have an update?

Thanks!

From: Vazquez, Maricely (Office of the Chair)
Sent: Tuesday, April 07, 2009 10:06 AM
To: Daker, Richard F. (MDPD); Antoine, Michel (MDFR); Vega, Diana (MDPR)
Cc: Rodriguez, Nadia (OSBM)
Subject: Continental Societies, Inc - 5k Asthma Walk

Good Morning,

I hope all is well...I would like to confirm Miami-Dade Police Officers, Miami-Dade Firefighters and a Fee Waiver at Miami-Metro Zoo (for about 750 people) for the 5k Asthma Walk on April 18, 2009. Attached is the In-kind services application for your review and approval.

**America Lung Association
5K Walk/Run for Asthma**

April 18, 2009

	Budget	Actual	In-Kind Amount
REVENUE			
Registration/Walkers	\$10,000.00		
Large Sponsors (> \$500)	\$5,000.00		
Blue Cross Blue Shield		\$2,500.00	
Florida Center for Asthma		1,000.00	
Colgate		2,000.00	
Miami Children's Hospital		1,000.00	
Ryder		1,000.00	
AKA- cdean		.00.00	
Vendors			
Paradise Embroidery		.00.00	
TD Bank		.00.00	
Tees Boutique / Soul Purpose		.00.00	
Wayside Baptist Pre-School		50.00	
Pinecrest Chiropractors		.00.00	
Acupuncture Wellness		50.00	
Aimee de la Osa - Silpada		50.00	
In-kind Partners			
Moe's Party Rental		\$	2,000.00
Miami-Dade County		\$	9,857.41
The Event Headquarters			\$1,250.00
Baptist Health South Florida			\$1,500.00
EV Productions			\$12,000.00
Jackson Memorial Hospital			\$5,000.00
Creative Spirits Design		\$	1,200.00
TOTAL INCOME	\$15,000.00	\$1,550.00	\$ 32,807.41
EXPENSES			
Geiger - T Shirts	\$1,500.00		
Sign-a-rama	\$800.00		
Emergency Ice	\$150.00		
DJ - Gregory Ivey	\$250.00		
Photog - Norman Photoland	\$300.00		
B-Glass Typography	\$100.00		

Printing (Zurl Creative)	\$750.00	
Marketing/PR	\$1,000.00	
Website - GreenLAN Consulting	\$800.00	
Gift Cards	\$750.00	
Genesis Foundation	\$200.00	
EV Productions		
Miscellaneous	\$500.00	
TOTAL EXPENSES	<u>\$7,100.00</u>	<u>\$0.00</u>
PROJECTED PROFIT	<u>\$7,800.00</u>	<u>\$9,150.00</u>

14

Memorandum



Date: June 2, 2009

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

From: George M. Burgess
County Manager

A handwritten signature in black ink, appearing to read "George M. Burgess", written over the printed name of the County Manager.

Subject: Countywide and Fire District Specific In-Kind Request Recommendation

The Office of Strategic Business Management (OSBM) reviewed the attached in-kind request and recommends this item to move forward to the Board of County Commissioners for consideration. The countywide and fire district in-kind reserve balances allow for funding of this request.

Background

A retroactive waiver for in-kind services has been requested by a not-for-profit organization, Continental Societies of Greater Miami, Inc., for the "5K Walk/Run for Asthma" held on April 18, 2009.

In-kind services have been requested in an amount not to exceed \$710 from the Miami-Dade Police Department for police services and \$1,089 from the Miami-Dade Fire Rescue Department for personnel services and \$9,605 from the Miami-Dade Park and Recreation Department for a total in-kind amount of \$11,404. This event will be funded in part from the countywide in-kind reserve fund and in part from the non-ad valorem portion of the fire rescue district budget.

In FY 2008-09, Continental Societies of Greater Miami, Inc. has received no county funding for this event.

Inkind12109