

MEMORANDUM

Agenda Item No. 11(A)(31)

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 April 25, 2009 "Relay For
Life of Doral"

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Vice-Chairman Jose "Pepe" Diaz.



R. A. Cuevas, Jr.
County Attorney

RAC/jls



MEMORANDUM
(Revised)

TO: Honorable Chairman Dennis C. Moss **DATE:** June 2, 2009
and Members, Board of County Commissioners

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

SUBJECT: Agenda Item No. 11(A)(31)

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) (31)
6-2-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE APRIL 25, 2009 "RELAY FOR LIFE OF DORAL" SPONSORED BY THE AMERICAN CANCER SOCIETY, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$975.00 TO BE FUNDED FROM THE DISTRICT 12 IN-KIND RESERVE FUND

WHEREAS, American Cancer Society, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the April 25, 2009 "Relay for Life of Doral" in an amount not to exceed \$975.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Relay for Life of Doral" is a fundraiser to benefit the American Cancer Society which is committed to the fight against cancer; and

WHEREAS, the American Cancer Society, Inc. is a not-for-profit organization; and

WHEREAS, the "Relay for Life of Doral" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$975.00 of the in-kind services shall be funded from the District 12 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 April 25, 2009 "Relay for Life of Doral" event in an amount not to exceed \$975.00 to be funded from the District 12 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Vice-Chairman Jose "Pepe" Diaz. 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 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

4/25
For 105-975

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

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: American Cancer Society's Relay For Life of Doral

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.): _____

Councilman Robert Van Name
Cell phone: 305-951-3874 Fax: 305-400-6724
Robert.vanname@cityofdoral.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee waiver for use of Showmobile
For "Cruising For a Cure" aspect of the event on April 25, 2009.

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

Relay For Life of Doral - Cruising For a Cure Car Show

April 25, 2009 from 11am - 3pm

This is an additional fundraising event after Relay For Life in efforts to raise more funds for The American Cancer Society.

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)): _____

JC Bermudez Park

3000 NW 87 Ave

(South Parking Lot)

8. Description of regional or local impact: Cruising for a cure anticipates a local

impact of Doral residents and neighboring cities. Estimated attendance 300-500 people.

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

Event time: 11am - 3pm

Set up (delivery of showmobile): 9:00am

Breakdown: 3pm

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable) (See Attached site plan of The Park)

11. Expected number of participants and estimated attendance (per day, if applicable): 300-500 people

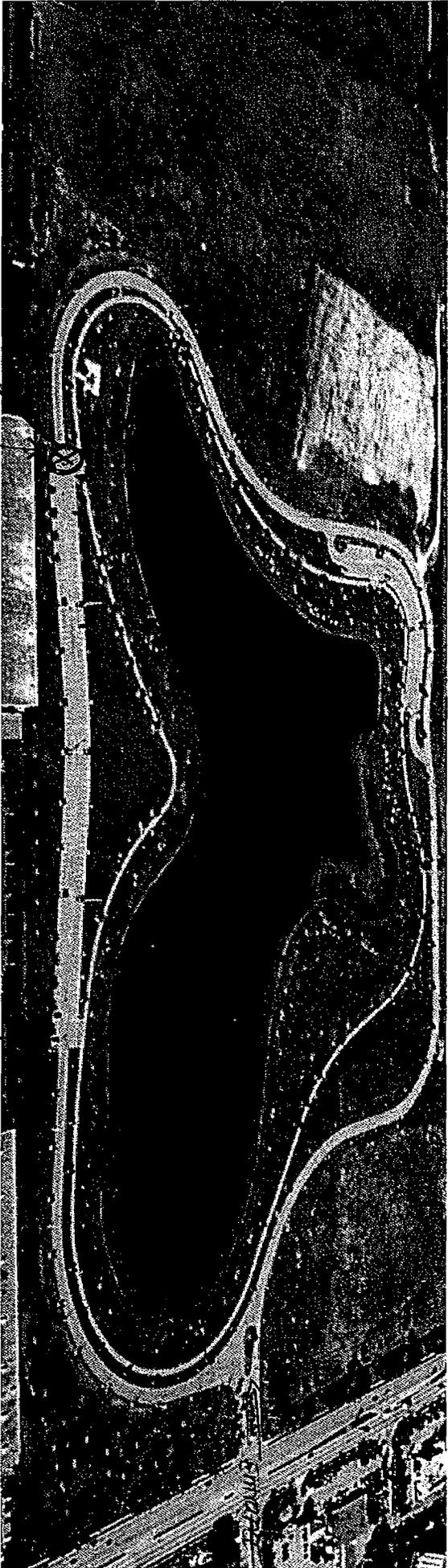
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): This is a fundraising event for a non-profit so there is \$0 budget allocated.

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

[Signature]
Signature of Authorized Representative

3/17/09
Date

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Showmobile
set-up

South parking lot
EVENT AREA

NW 87 AVE



Rodriguez, Nadia (OSBM)

From: Marlene Quincoces (PR) [Marlene.Quincoces@cityofdoral.com]
Sent: Thursday, April 16, 2009 3:19 PM
To: Byrnes, Timothy (MDPR)
Cc: Trueba, Nicole (DIST12); Gonzalez, Ana (MDPR); Morgan, Tom (MDPR); Rodriguez, Nadia (OSBM); Councilman Van Name
Subject: RE: City of Doral Small Showmobile Usage 04/25/09
Attachments: 2009_04_16_15_16_20.pdf

Tim,

Thank you so very much for the final confirmation and paperwork. In fact, thank all of you for your support and help with this. We are truly looking forward to a wonderful event and it's fundraising success will be due, in part, by the Commissioner's office donation of the show mobile and your assistance in securing it for us.

Attached, please find the signed confirmation form and site plan to aid in the set up process.

Have a wonderful day and thanks again!

Marly Quincoces
Events Coordinator

City of Doral

8300 NW 53 Street, Suite 202

Doral, FL 33166

Tel. (305) 593-6603

Fax. (305) 406-6724

marlene.quincoces@cityofdoral.com

www.cityofdoral.com

"For all the right reasons!"

From: Byrnes, Timothy (MDPR) [mailto:Byrnes@miamidade.gov]
Sent: Thursday, April 16, 2009 2:32 PM
To: Marlene Quincoces (PR)
Cc: Trueba, Nicole (DIST12); Gonzalez, Ana (MDPR); Morgan, Tom (MDPR); Rodriguez, Nadia (OSBM)
Subject: City of Doral Small Showmobile Usage 04/25/09

Ms. Quincoces,

Please find attached the completed Equipment Confirmation Sheet for your upcoming event on Saturday April 25th. Please review, approve, sign and return to us either electronically or by fax. Trusting if you have any additional questions you will contact our office.

Thanks 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"



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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: City of Doral

EQUIPMENT REQUESTED: Small Showmobile

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Jose "Pepe" Diaz,
District #12

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): N/A

BILLING ADDRESS/ZIP CODE: 8345 NW 12th Street Miami, FL 33126

NAME/TITLE OF THE EVENT: Cruising For A Cure Classic Car Show — *Relay for life of Doral*

ADDRESS OF EVENT: JC Bermudez Park, 3000 NW 87th Ave

TODAY'S DATE: 04/16/09 DATE (S) & TIME OF EVENT: 04/25/09 11:00 AM - 3:00 PM

SET-UP TIME & DAY: 04/25/09 10:00 AM

TAKE-DOWN TIME & DAY: 04/25/09 4:00 PM

CONTACT PERSON/PHONE: Marly Quincoces / Barbie Hernandez *

AT SITE CONTACT/CELL PHONE#: (786) 897-1189 / (786) 351-3075

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.
See Attached

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: \$975.00 In-Kind District #12

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: *Marly Quincoces*

Marly Quincoces

Agency/Group: City of Doral

**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

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FORM 1-3441 (REV. 6-60)



U. S. TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
WASHINGTON 25, D. C.

AUG 15 1952

IN REPLY REFER TO
T:R:EO:6
CSG

American Cancer Society, Inc.
521 West 57th Street
New York 19, New York

DATE OF ORIGINAL GROUP RULING	November 5, 1942
PURPOSE	Educational, scientific and charitable
FORM 990-A REQUIRED	<input type="checkbox"/> Yes <input type="checkbox"/> No

Gentlemen:

Based upon the information presented, it is held that all of the new subordinate units whose names appear on the lists recently submitted are exempt from Federal income tax as organizations described in section 501(c)(2) of the Internal Revenue Code as they are organized and operated exclusively for the purpose noted above. Any questions concerning taxes levied under other subtitles of the Code should be submitted to the appropriate District Director.

Your new subordinate units are not required to file Federal income tax returns so long as they retain a tax exempt status, unless they are subject to the unrelated business tax imposed by section 511 of the Code and are required to file Form 990-T in order to report unrelated business taxable income. This is also applicable to you and your pre-existing subordinate units. Your new subordinate units are or are not required to file the annual information return, Form 990-A, as indicated above. Such returns, if required, must be filed with the appropriate District Director after the close of the annual accounting period of each subordinate unit, unless you include the subordinate units in a group return filed by you.

Contributions made to your listed subordinate units are deductible by donors as provided in section 170 of the Code. Bequests, legacies, devises, transfers or gifts to or for the use of the listed subordinate units are deductible for Federal estate and gift tax purposes as provided in section 2555, 2106 and 2522 of the Code.

You and your exempt subordinate units are not liable for the taxes imposed under the Federal Insurance Contributions Act (social security taxes) unless waiver of exemption certificates are, or have been, filed as provided in such Act. Inquiries about the waiver of exemption certificates should be addressed to your District Director. You and your exempt subordinate units are not liable for the tax imposed under the Federal Unemployment Tax Act.

We have noted our records of any change in the names, addresses, character, purposes or method of operation of pre-existing subordinate units or those which ceased to exist of which you currently notified us.

Please send us the following information annually not later than 45 days after the close of your annual accounting period:

1. Lists showing the names and mailing addresses of your new subordinate units and the names and addresses of any units which have ceased to exist or have changed their names or addresses. The names should be arranged in alphabetical or numerical order. In lieu of the lists referred to above you may furnish us with a copy of your published directory. Please send us one copy of the list or directory for this office and one copy for each district in which your subordinate units are located.

American Cancer Society, Inc. -2-

2. A statement signed by one of your principal officers stating whether or not the information upon which your original group ruling was based is applicable in all respects to the new subordinate units.

3. A statement if, at the close of the year, there were no changes in your roster.

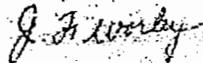
4. A statement of any changes in the character, purposes or method of operation of your organization or those of your subordinate units.

5. Duplicate copies of amendments to charters or bylaws of your organization or those of any of your subordinate units.

Any new subordinate units that you charter must meet the organizational and operational test defined in section 1.501(c)(3)-1 of the Regulations. Therefore, you will be required to furnish on behalf of each new subordinate unit a copy of the uniform charter or, one copy of the uniform charter and an affidavit by one of your principal officers stating that each of your new subordinate units is organized and operated under that uniform charter. If the uniform charter is not adopted by any of your subordinate units or you do not issue a uniform charter, you must submit a copy of the corporate charter or constitution and bylaws for each new subordinate unit.

The District Directors concerned by the changes made in your roster are being notified.

Very truly yours,



Chief, Except Organizations Branch

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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

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 district specific in-kind reserve balance allows for funding of this request.

Background

A retroactive waiver for in-kind services has been requested by a not-for-profit organization the American Cancer Society Inc., for their "Relay for Life of Doral" event held on April 25, 2009.

In-kind services have been requested in an amount not to exceed \$975 from the Miami-Dade Park and Recreation Department for the use of a small show mobile. This event will be funded from the District 12 in-kind reserve fund.

In FY 2008-09, the American Cancer Society has received \$37,500 from the following districts: \$5,000 from District 1 discretionary, \$5,000 from District 8 discretionary, \$5,000 from District 9 discretionary, \$2,500 from District 11 discretionary, \$10,000 from District 12 discretionary, \$5,000 from District 2 office funds and \$5,000 from the Mayor's discretionary reserve. In addition, as part of Resolution 268-08, they received \$4,790 from the District 8 in-kind reserve and additionally requested \$6,872 from the District 1 in-kind reserve for the Relay for Life of North West Dade.

Inkind11209