

# MEMORANDUM

Agenda Item No. 11(A)(40)

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

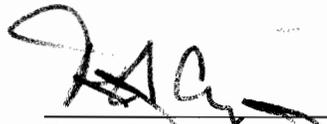
**DATE:** June 30, 2009

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

**SUBJECT:** Resolution authorizing in-kind  
services for the July 18-25, 2009  
"UOTS Cancer Camp"

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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 30, 2009

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

**SUBJECT:** Agenda Item No. 11(A)(40)

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)(40)  
6-30-09

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

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE JULY 18-25, 2009 "UOTS CANCER CAMP" SPONSORED BY THE VARIETY CHILDREN'S HOSPITAL, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,350.00 TO BE FUNDED FROM THE DISTRICT 6 IN-KIND RESERVE FUND

**WHEREAS**, Variety Children's Hospital has requested in-kind services from the Miami-Dade Park and Recreation Department for the July 18-25, 2009 "UOTS Cancer Camp" in an amount not to exceed \$2,350.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the "UOTS Cancer Camp" gives children with cancer an opportunity to leave a hospital setting and enjoy a sleep-away camp; and

**WHEREAS**, Variety Children's Hospital, commonly known as Miami Children's Hospital, is a not-for-profit organization; and

**WHEREAS**, the "UOTS Cancer Camp" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$2,350.00 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 authorizes in-kind services from the Miami-Dade Park and Recreation Department for the July 18-25, 2009 "UOTS Cancer Camp" in an amount not to exceed \$2,350.00 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               |
| Dorin D. Rolle       | Natacha Seijas                  |
| Katy Sorenson        | Rebeca Sosa                     |
| Sen. Javier D. Souto |                                 |

The Chairperson thereupon declared the resolution duly passed and adopted this 30<sup>th</sup> 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

Park - 2,350  
7/18-25

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 - District 6

1. Full legal name of the requesting organization: MIAMI CHILDREN'S HOSPITAL, HEMATOLOGY-ONCOLOGY  
Variety  
Division for UOTS Cancer Camp

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

- Not-For-Profit or Tax Exempt
- For-Profit
- Local Government or Public Entity
- Other (specify): \_\_\_\_\_

United Order - TRUE SISTERS

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): ATHENA C. PEKARDUM

CAMP DIRECTOR, ASS. DIRECTOR DIVISION OF HEMATOLOGY-ONCOLOGY

MIAMI CHILDREN'S HOSPITAL - Tel: 305 662 8360

Fax 305 666 387, email: athena.pekardum@mch.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee waived for the use

of A.D. BARNES PARK facility for 7/18/09 -> 7/25/09  
(7 nights / 8 days)

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

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): WOT'S camp  
is a step away camp for children & women ages 7-17 years  
It gives the opportunity for children, many of whom are  
on chemotherapy, out the door to enjoy some time  
away from the hospital and yet continue under the  
care of their own physicians & nurses. They are  
surrounded by dedicated experienced counselors, child  
life specialists, nurses & doctors!

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)): A. D. Burnes Park - 3401 S.W. 79th Avenue Miami FL 33155  
Commissioner Rebecca Sosa, District 6.

8. Description of regional or local impact: To the children and their families.

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

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FEE WAIVER/IN-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): NA

11. Expected number of participants and estimated attendance (per day, if applicable): 28-30 doctors & a personnel of 28-30 (one to one work) : On opening day Brunch for ≈ 150 people & during day ≈ 100 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): NA

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

[Signature]  
Signature of Authorized Representative

3/7/09  
Date

46910



**Consumer's Certificate of Exemption**

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
FR. 04/05  
10/11/08

85-8012621109C-7	11/23/2008	11/30/2013	NON-PROFIT ORGANIZATION
Certificate Number	Effective Date	Expiration Date	

This certifies that

VARIETY CHILDRENS HOSPITAL  
MIAMI CHILDRENS HOSPITAL  
3100 SW 82ND AVE  
MIAMI FL 33155-3009



Is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.

To Whom It May Concern:

Above please find a copy of Variety Children's Hospital d/b/a Miami Children's Hospital Consumer's Certificate of Exemption. This certificate should provide sufficient documentation that Miami Children's Hospital is exempt from the State of Florida Sales Tax as a non-profit charitable institution.

Pedro A. Alfaro  
Senior Vice President and  
Chief Financial Officer

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## Detail by Entity Name

### Florida Non Profit Corporation

VARIETY CHILDREN'S HOSPITAL

### Filing Information

Document Number 705162  
FEI/EIN Number 590638499  
Date Filed 02/04/1963  
State FL  
Status ACTIVE  
Last Event AMENDMENT  
Event Date Filed 01/28/1993  
Event Effective Date NONE

### Principal Address

3100 SW 62 AVE  
MIAMI FL 33155-3009 US

Changed 04/20/1994

### Mailing Address

3100 SW 62 AVE.  
MIAMI FL 33155 US

Changed 04/29/2008

### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301 US

Name Changed: 04/15/1996

Address Changed: 04/15/1996

### Officer/Director Detail

#### Name & Address

Title CD

MAS, JUAN CARLOS

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## Detail by Entity Name

### Trademark

MIAMI CHILDREN'S HOSPITAL

### Filing Information

Document Number    928775  
Date Filed            02/14/1983  
Expiration Date      02/14/2013  
Last Event            RENEWAL  
Event Date Filed     09/23/2002  
Event Effective Date NONE  
First Used in Florida NONE  
First Used Anywhere NONE  
Status                ACTIVE

Mark Used In Connection With

### Owners

Name & Address

VARIETY CHILDREN'S HOSPITAL  
6125 S.W. 31ST ST.  
MIAMI, FL. 33155

### Type/Class

SM-004200   SM-004100   0000000000   0000000000   0000000000  
0000000000   0000000000   0000000000   0000000000   0000000000  
0000000000   0000000000   0000000000   0000000000   0000000000  
0000000000   0000000000   0000000000   0000000000   0000000000

### Cross Reference

No Cross Reference

### Document Images

09/23/2002 -- Trademark/Renewal   [View image in PDF format](#)

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

# Memorandum



**Date:** June 30, 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

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The Office of Strategic Business Management (OSBM) reviewed the attached in-kind request and recommends this item 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 waiver for in-kind services has been requested by a not-for-profit organization, the Variety Children's Hospital, for their "United Order True Sisters Cancer Camp" event scheduled for July 18-25, 2009.

In-kind services have been requested in an amount not to exceed \$2,350 from the Miami-Dade Park and Recreation Department for the facility fee waiver of A.D. Barnes Park. This event will be funded from the District 6 in-kind reserve fund.

In FY 2008-09, the Variety Children's Hospital has received no county funding for this event.

Inkind12409