MEMORANDUM

Agenda Item No. 14(A)(4)

TO:	Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners	**DATE:**	July 21, 2009
FROM:	R. A. Cuevas, Jr. County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services for the May 23, 2009 "Little Haiti Health Center Celebration"

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/up

MEMORANDUM
(Revised)

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

DATE: July 21, 2009

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

SUBJECT: Agenda Item No. 14(A)(4)

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. 14(A)(4)
7-21-09

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE MAY 23, 2009 "LITTLE HAITI HEALTH CENTER CELEBRATION" SPONSORED BY THE MIAMI-DADE COUNTY HEALTH DEPARTMENT, IN AN AMOUNT NOT TO EXCEED $1,085.00 TO BE FUNDED FROM THE DISTRICT 3 IN-KIND RESERVE FUND

WHEREAS, the Miami-Dade County Health Department has requested in-kind services from the Miami-Dade Parks and Recreation Department for the May 23, 2009 "Little Haiti Health Center Celebration" in an amount not to exceed $1,085.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Little Haiti Health Center Celebration" is to commemorate the 2nd anniversary of the Miami-Dade County Health Department's Little Haiti Health Center and promote a healthy community; and

WHEREAS, the "Little Haiti Health Center Celebration" is a district event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $1,085.00 of the in-kind services shall be funded from the District 3 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 Parks and Recreation Department for the May 23, 2009 "Little Haiti Health Center Celebration" in an amount not to exceed $1,085.00 to be funded from the District 3 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Audrey M. Edmonson. It was and 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

Jose "Pepe" Diaz	Audrey M. Edmonson
Carlos A. Gimenez	Sally A. Heyman
Joe A. Martinez	Bruno A. Barreiro
Barbara J. Jordan	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 21st day of July, 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
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 Audrey Edmonson

1. Full legal name of the requesting organization: Miami-Dade County Health Department

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

- ☐ Not-For-Profit or Tax Exempt
- ☐ For-Profit
- ☐ Local Government or Public Entity
- ☑ Other (specify): STATE Government (Branch of State of Florida Department of Health)

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):
Dr. Danel Cedent, Little Haiti Clinic, 300 NE 80 Terrace, Miami, FL 33138
Contact: Monica Korn, 786-336-1276

4. Specify fee waiver or in-kind service requested (quantity, if applicable): In-Kind Service - Requesting Medium Showmobile

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FEE WAIVER/IN-KIND SERVICES APPLICATION
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6. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
The Second Anniversary of Miami-Dade County Health Department's Little Haiti Health Center and The Haitian Heritage Month, Saturday, May 23, 2009, 9:30am-2pm "Promoting a Healthy Community"

7. 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)): Commission District 3
Little Haiti Health Center, 300 NE 80 Terrace, Miami, FL, 33138

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/IN-KIND SERVICES APPLICATION
Page 3

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): _____

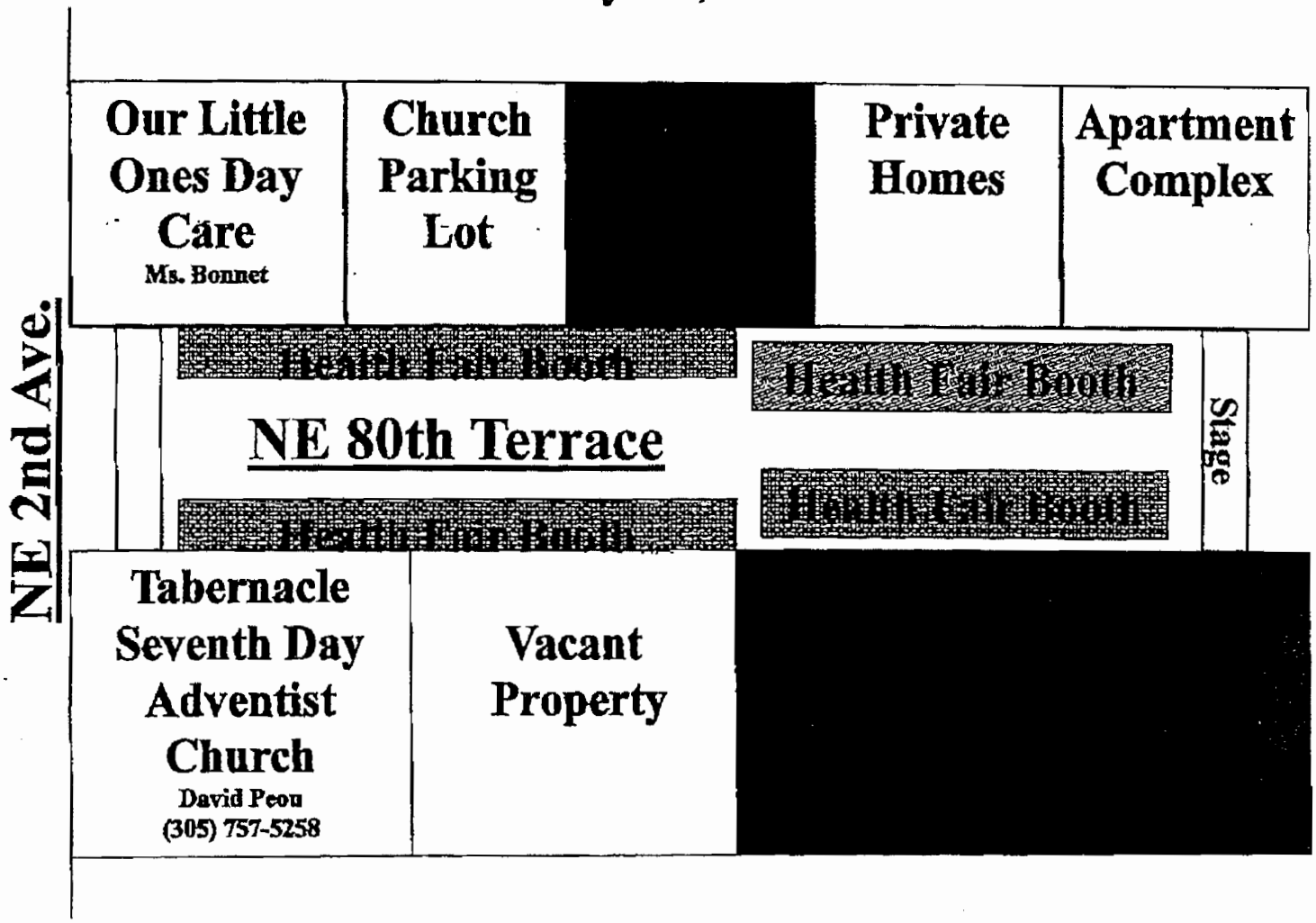
I hereby certify that all the statements made in this application are true and correct.

Signature of Authorized Representative

05/19/09
Date

Celebration of the Second Anniversary

May 23, 2009



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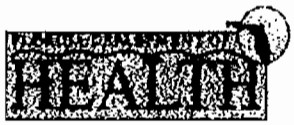
Recd 5/19/09



Charlie Crist
Governor

Joseph J. Chiaro, M.D.
Interim Secretary

OK
show mobile

June 13, 2007

The Honorable Audrey Edmonson
Commissioner, District Three
5400 NW 22 Ave., Suite 704
Miami, Florida 33142

Dear Commissioner Edmonson:

The Miami-Dade County Health Department is celebrating the Second Anniversary of the Little Haiti Health Center and the Haitian Heritage Month on Saturday, May 23, 2009 from 9:30am to 2:00 p.m.

We are requesting your assistance in securing a stage from which to conduct the festivities. We have contacted Mr. Tim Burns, Miami-Dade Park & Recreation, Showmobiles, Stages, Bleachers and are waiting for price and availability.

The showmobile we need is large approximately with the following dimensions:

Large: Width 27 ft., Depth 14'6", Height 42'

Your assistance would be greatly appreciated if these charges could be waived for us.

Sincerely,

Lillian Rivera, RN, MSN
Administrator
Miami-Dade County Health Department

cc: Olga Connor
Director
Office of Communication and Legislative Affairs

786-336-1259

Olga Connor
Director
Office of Communication and Legislative Affairs
Miami-Dade County Health Department
8175 NW 12 Street, #300, Miami, Florida 33126
Tel: (305) 324-2400 Fax: (786) 336-1297
Website: www.dadehealth.org

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05/18/2009 12:15 FAX 002/002
05/30/2003 13:38 FAX 002

DADE

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

(305) 226-8315 Ext. 224/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Miami Dade County Health Department

EQUIPMENT REQUESTED: Medium Showmobile

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Dr. Danel Cedent

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

BILLING ADDRESS/ZIP CODE: Little Haiti Health Center
300 NE 80th Terrace, Miami, Florida 33138

NAME/TITLE OF THE EVENT: 2nd Anniversary of Miami Dade County Health Department Little Haiti Health Center

ADDRESS OF EVENT: Little Haiti Health Center- 300 NE 80th Terrace, Miami, Fl. 33138

TODAY'S DATE: 05/19/09 DATE (S) & TIME OF EVENT: 06/23/09 9:30 AM - 2:00 PM

SET-UP TIME & DAY: 8:30 AM 06/23/09

TAKE-DOWN TIME & DAY: 2:00 PM 06/23/09

CONTACT PERSON/PHONE: Monica Korn (786) 336-1276

AT SITE CONTACT/CELL PHONE#: Dr. Danel Cedent (786) 412-1741

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: $1085.00 10 DYS

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: _____

Agency/Group: Miami Dade County Health Department

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) 236-7929

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Memorandum

MIAMI-DADE COUNTY

Date: July 21, 2009

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

From: George M. Burgess
County Manager

Subject: District Specific In-Kind Reserve Request Recommendation

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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 is being requested by the Miami-Dade County Health Department, for their "Little Haiti Health Center Celebration" event held on May 23, 2009.

In-kind services have been requested in an amount not to exceed $1,085 from the Miami-Dade Park and Recreation Department for the use of a medium show mobile. This event will be funded from the District 3 in-kind reserve fund.

In FY 2008-09, the Miami-Dade County Health Department received $3,500 from the District 11 discretionary reserve fund.

Inkind12909