



MEMORANDUM

Agenda Item No. 11(A)(14)

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

DATE: January 21, 2010

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

SUBJECT: Resolution authorizing in-kind
services for the February 26-28, 2010
"3-Day Everglades Bluegrass
Festival" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Sally A. Heyman.

A handwritten signature in black ink, appearing to read "RAC", written over a horizontal line.

R. A. Cuevas, Jr.
County Attorney

RAC/cp



MEMORANDUM

(Revised)

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

DATE: January 21, 2010

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

SUBJECT: Agenda Item No. 11(A)(14)

Please note any items checked.

- "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**
- Ordinance creating a new board requires detailed County Manager's report for public hearing**
- No committee review**
- Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous ____) to approve**
- Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(14)
1-21-10

RESOLUTION NO. _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE FEBRUARY 26-28, 2010 “3-DAY EVERGLADES BLUEGRASS FESTIVAL” SPONSORED BY THE SOUTH FLORIDA BLUEGRASS ASSOCIATION, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$5,996.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 4 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, South Florida Bluegrass Association, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the February 26-28, 2010 “3-Day Everglades Bluegrass Festival” in an amount not to exceed \$5,996.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the “3-Day Everglades Bluegrass Festival” is a free festival featuring bluegrass music for the local community; and

WHEREAS, South Florida Bluegrass Association, Inc. is a not-for-profit organization; and

WHEREAS, the “3-Day Everglades Bluegrass Festival” is a district event, as defined in the attached Fee Waiver/In-kind Service Application, and \$5,996.00 of the in-kind services shall be funded from the unspent balance of the District 4 FY2008-09 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 February 26-28,

2010 "3-Day Everglades Bluegrass Festival" in an amount not to exceed \$5,996.00 to be funded from the unspent balance of the District 4 FY 2008-09 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Sally A. Heyman. 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 21st day of January, 2010. 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

Qails-
16) 560
2/26

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 SALLY HEYMAN

1. Full legal name of the requesting organization: The South Florida Bluegrass Assoc. Inc

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.): _____

Marianne Napolitano
305-940-3249 (FAX-call first) 305-358-1800
hotrrchick@bellsouth.net

4. Specify fee waiver or in-kind service requested (quantify, if applicable): SHelter/OPEN AREA \$1,060.-

Barricades \$850.- Run Quiet Generator \$800.-
Stage + Rizers \$1400.- Porta Johns \$325.80
Light Towers (6) \$1560.- TOTAL \$5,995.80

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Dist
(4)

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FEE WAIVER/IN-KIND SERVICES APPLICATION
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5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The SFBA
"32nd Annual 3-day 'Everglades Bluegrass Festival'"
MAIN EVENT February 26, 27 + 28, 2010
Set up begins Sunday Feb 21, 2010
Thank you Picnic Thursday Feb 25, 2010
This event provides a regional cultural
experience for residents + tourists of Miami-Dade Cty.

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)): DISTRICT #4
Haulover Beach Park + Marina
10800 Collins Ave, Lot #1
Bal Harbour, FL 33154

8. Description of regional or local impact: _____

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

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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): _____

- 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.

M. Hernandez
Signature of Authorized Representative

Aug 5, 2009
Date



SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION (305) 257-0933 Ext. 240/(305) 257-1083 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: The South Florida Bluegrass Assoc. Inc.

EQUIPMENT REQUESTED: Barricades, Run Quiet Generator,
Stage + Rizers, Porta Johns, Light Towers (6)

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner SALLY HEYMAN

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

BILLING ADDRESS/ ZIP CODE: 20533 BISC. BLVD # 358
AVENTURA, FL 33180

NAME/TITLE OF THE EVENT: 32 Annual 3-day 'Everglades
Bluegrass Festival'

ADDRESS OF EVENT: Haulover Beach Park + Marina
10800 Collins Ave, m.B. 33

TODAY'S DATE: _____ DATE (S) & TIME OF EVENT: Feb 26, 27, 28, 2010

SET-UP TIME & DAY: Feb 24, 2010

TAKE-DOWN & DAY: Mar 1, 2010

CONTACT PERSON/PHONE: Marianne Dapilitano
AT SITE CONTACT/CELL PHONE #: 305-358-1800

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 _____ Signature M. Dapilitano

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Agency/Group South Florida
Bluegrass Assoc.

**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.**

Rodriguez, Nadia (OSBM)

From: Byrnes, Timothy (MDPR)
Sent: Thursday, August 27, 2009 6:17 PM
To: Mankes, Margot (DIST4)
Cc: Gonzalez, Ana (MDPR); Morgan, Tom (MDPR); Weitzel, Alan (MDPR); Cann, Alex (MDPR); Rodriguez, Nadia (OSBM)
Subject: RE: Bluegrass request
Categories: Red Category

Margot,

Per our phone conversation earlier today, below please find what I quoted Alex and Alan for a set up date of 02/25/09 with a 03/01/09 pick-up. I have made the adjustments for the additional day requested in red, as discussed the rental charge begins once the equipment is delivered. Also we added the cost for two additional light towers, and we do not carry portable toilets in our Showmobile Operations.

ITEM	COST	COMMENTS
STAGE 16' x 16'		
<input checked="" type="checkbox"/> DELIVERY, SET UP, BREAKDOWN, AND PICK UP	\$ 350.00	
<input checked="" type="checkbox"/> FIRST HOUR RENTAL	\$ 275.00	
<input checked="" type="checkbox"/> 9 ADDITIONAL HOURS OF USAGE	\$ 630.00	\$70.00 PER HOUR
<input checked="" type="checkbox"/> SUB TOTAL	\$ 1,255.00	
STAGE 16' x 16' (DAY 2, 3, AND 4 4, and 5)		
<input checked="" type="checkbox"/> FIRST HOUR RENTAL	\$ 275.00	
<input checked="" type="checkbox"/> 9 ADDITIONAL HOURS OF USAGE	\$ 630.00	\$70.00 PER HOUR
<input checked="" type="checkbox"/> TIMES 3 4 DAYS	\$ 905.00	
<input checked="" type="checkbox"/> SUB TOTAL	\$2,745.00 \$3,620.00	
GENERATOR 25 KW	\$2,000.00 \$2,500.00	\$500.00 PER DAY
RISERS (4) 4' X 8'		
<input checked="" type="checkbox"/> PER DAY	\$ 380.00	\$95.00 EACH PER DAY
<input checked="" type="checkbox"/> TIMES 4 5 DAYS		
<input checked="" type="checkbox"/> SUB TOTAL	\$ 1,520.00 \$1,900.00	
LIGHT TOWERS (6)-(8)		
<input checked="" type="checkbox"/> TWO THREE WEEK DAY RENTALS	\$ 900.00 \$1,800.00	\$75.00 PER UNIT PER DAY
<input checked="" type="checkbox"/> TWO WEEKEND DAY RENTALS	\$1,020.00 \$1,360.00	\$85.00 PER UNIT PER DAY
<input checked="" type="checkbox"/> SUB TOTAL	\$ 1,920.00 \$3,160.00	
BARRICADES (75)		
<input checked="" type="checkbox"/> ONE DAY RENTAL	\$ 825.00	\$11.00 PER UNIT PER DAY
<input checked="" type="checkbox"/> TIMES 4 5 DAYS		
<input checked="" type="checkbox"/> SUB TOTAL	\$ 3,300.00 \$4,125.00	
TOTAL ESTIMATED EVENT COST	\$42,740.00 \$16,560.00	

Trusting if you have any 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"

From: Mankes, Margot (DIST4)
Sent: Tuesday, August 25, 2009 5:07 PM
To: Showmobile (MDPR); Byrnes, Timothy (MDPR)

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Detail by Entity Name

Florida Non Profit Corporation

SOUTH FLORIDA BLUEGRASS ASSOCIATION, INC.

Filing Information

Document Number 726284
FEI/EIN Number 650255820
Date Filed 04/30/1973
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 04/03/2002
Event Effective Date NONE

Principal Address

20533 BISCAYNE BLVD.
 #358
 AVENTURA FL 33180
 Changed 04/17/2008

Mailing Address

20533 BISCAYNE BLVD.
 #358
 AVENTURA FL 33180
 Changed 03/17/2007

Registered Agent Name & Address

NAPOLITANO, MARIANNE
 1634 NE 171 STREET
 NORTH MIAMI BEACH FL 33162
 Name Changed: 04/17/2008
 Address Changed: 04/17/2008

Officer/Director Detail

Name & Address

Title P

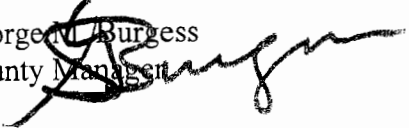
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Memorandum



Date: January 21, 2010

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

From: George W. Burgess
County Manager 

Subject: District Specific In-Kind Reserve Request Recommendation

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

Background

A waiver for in-kind services is being requested by a not-for-profit organization, South Florida Bluegrass Association, Inc., for their "3-Day Everglades Bluegrass Festival" event scheduled for February 26-28, 2010.

In-kind services are being requested in an amount not to exceed \$5,996 from the Miami-Dade Park and Recreation Department for the use of (6) six light towers, stage, generator, and a fee waiver for shelter spaces (1 & 2) at Haulover Beach. This event will be funded from the unspent balance of the District 4 in-kind reserve fund.

In FY 2009-10, South Florida Bluegrass Association, Inc., received \$9,478 from the Department of Cultural Affairs.

Inkind01410