



**MEMORANDUM**

Agenda Item No. 11 (A) (19)


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

**DATE:** March 2, 2010

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

**SUBJECT:** Resolution retroactively authorizing  
in-kind services for the February 21,  
2010 "Charity Dog Show" event

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

  
\_\_\_\_\_  
R. A. Cuevas, Jr.  
County Attorney

RAC/cp

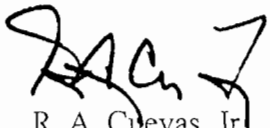


# MEMORANDUM

(Revised)

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

**DATE:** March 2, 2010

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

**SUBJECT:** Agenda Item No. 11(A) (19)

**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) (19)  
3-2-10

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

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE FEBRUARY 21, 2010 "CHARITY DOG SHOW" SPONSORED BY THE KIWANIS CLUB OF NORTH SHORE MIAMI BEACH, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$750.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 4 FY 2008-09 IN-KIND RESERVE FUND

**WHEREAS**, Kiwanis Club of North Shore Miami Beach, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the February 21, 2010 "Charity Dog Show" in an amount not to exceed \$750.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the "Charity Dog Show" is a fundraiser for the Kiwanis Club of North Shore Miami Beach to benefit various children's programs throughout Miami-Dade County; and

**WHEREAS**, Kiwanis Club of North Shore Miami Beach, Inc. is a not-for-profit organization; and

**WHEREAS**, the "Charity Dog Show" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$750.00 of the in-kind services shall be funded from the unspent balance of the District 4 FY 2008-09 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 February 21, 2010 "Charity Dog Show" in an amount not to exceed \$750.00 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
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 2<sup>nd</sup> day of March, 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**

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. 1<sup>st</sup> 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 \_\_\_\_\_

1. Full legal name of the requesting organization: NORTHSHORE KIWANIS

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.):

LOU COHEN, 9341 COLLINS AVE. #1008, SUITESIDE 33156  
RE'S PHONE: 305 868 3657 FAX 305 868 3657  
E-MAIL:

4. Specify fee waiver or in-kind service requested (quantify, if applicable):

SUNDAY, FEBRUARY 26, 2000 FREE RENT CARP WASH

5

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):

CHARITY DANCE SHOW  
FEB. 21, 2010  
ALL PROCEED GO TOWARD YOUTH PROGRAMS:  
BISCAYNE ELEMENTARY SCHOOL  
KIM K. BREED ELEMENTARY SCHOOL  
SURFSIDE CHILDREN'S SUMMER CAMP

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)):

94TH STREET AND THE SOUTH HARBOR PARK IN SURFIDE BEHIND  
THE BEST WESTERN OCEAN FRONT RESORT  
COMMISSION DISTRICT 4

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

Dec 14, 2009  
Date



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

### EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: NORTHEAST KIDZ

EQUIPMENT REQUESTED: SMALL STAGE

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Heyman

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): CCCENTD10496

BILLING ADDRESS/ZIP CODE: 9341 COLLINS AVE. #1008  
SURFSIDE, FL 33154

NAME/TITLE OF THE EVENT: CHARITY DOG SHOW

ADDRESS OF EVENT: 94TH ST. AND THE BEACH IN SURFSIDE

TODAY'S DATE: DEC. 14, 2007 DATE (S) & TIME OF EVENT: FEB. 21, 2010

SET-UP TIME & DAY: 8:30AM SUNDAY

TAKE-DOWN TIME & DAY: NOON SUNDAY

CONTACT PERSON/PHONE: LOUIS COHEN 305 568 3027

AT SITE CONTACT/CELL PHONE#: 305 704 1821

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.  
ENTRANCE TO BEACH AT 96TH ST. AND COLLINS AVE. PLACED  
SOUTH 2 BLOCKS - SET UP BEHIND BEST WESTERN.

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: Louis Cohen

\*(SEE FEE SCHEDULE FOR EXACT CHARGES)

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.

Late equipment arrivals, please call (706) 236-7026

8



**Rodriguez, Nadia (OSBM)**

---

**From:** Mankes, Margot (DIST4)  
**Sent:** Tuesday, December 08, 2009 9:56 AM  
**To:** Byrnes, Timothy (MDPR); Amador, Margaret (DIST4)  
**Cc:** Gonzalez, Ana (MDPR); Morgan, Tom (MDPR); Rodriguez, Nadia (OSBM)  
**Subject:** RE: North Shore Kiwanis Charity Dog Show 02/21/10

Good morning Tim,

Commissioner Heyman has approved the 16 x 16 stage for \$750 for this event. Thank you.

**Margot Mankes**, Aide  
Office of Commissioner Sally Heyman  
111 NW 1st Street, Suite 220  
Miami, FL 33128  
(305) 375-5128  
(305) 372-6179 fax  
[mmankes@miamidade.gov](mailto:mmankes@miamidade.gov)

*"Delivering Excellence Every Day"*

---

**From:** Byrnes, Timothy (MDPR)  
**Sent:** Thursday, December 03, 2009 8:22 AM  
**To:** Amador, Margaret (DIST4)  
**Cc:** Mankes, Margot (DIST4); Gonzalez, Ana (MDPR); Morgan, Tom (MDPR)  
**Subject:** North Shore Kiwanis Charity Dog Show 02/21/10

Margaret,  
We have put on hold for you until you make your final decision both the small showmobile and the 16' X 16' stage for the aforementioned event;  
The cost for the requested items:  
    ▶ Showmobile small \$1,300.00  
    ▶ Sage 16' X 16' \$750.00

Please let me know what direction you would like to go with this event.  
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](http://www.miamidade.gov/parks)  
*"Delivering Excellence Every Day"*

---

**From:** Amador, Margaret (DIST4)  
**Sent:** Tuesday, December 01, 2009 1:01 PM  
**To:** Byrnes, Timothy (MDPR)  
**Cc:** Mankes, Margot (DIST4)  
**Subject:** Need price for Feb 21, 2010 event  
**Importance:** High

Tim,

Could you please provide us with a cost estimate for:

Small Showmobile  
and  
Small Stage

N. Shore Kiwanis Charity Dog Show  
Sunday, February 21<sup>st</sup>  
10 a.m. – 12 noon

Set up: 9 a.m.  
Breakdown: 12:30 p.m.

Thanks!

Margie Amador Robinson, Aide  
Miami-Dade County Commissioner Sally Heyman  
1100 NE 163rd Street, #303  
North Miami Beach, FL 33162  
305-787-5999 Fax: 305-787-5998  
[amadorm@miamidade.gov](mailto:amadorm@miamidade.gov)

10

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS					
<a href="#">Home</a>	<a href="#">Contact Us</a>	<a href="#">E-Filing Services</a>	<a href="#">Document Searches</a>	<a href="#">Forms</a>	<a href="#">H</a>
<a href="#">Previous on List</a>	<a href="#">Next on List</a>	<a href="#">Return To List</a>		<a href="#">Entity Na</a>	
<a href="#">Events</a>	<a href="#">No Name History</a>			<a href="#">Su</a>	
<b>Detail by Entity Name</b>					
<b><u>Florida Non Profit Corporation</u></b>					
KIWANIS CLUB OF NORTH SHORE MIAMI BEACH, INC.					
<b><u>Filing Information</u></b>					
Document Number	750753				
FEI/EIN Number	596152429				
Date Filed	01/24/1980				
State	FL				
Status	ACTIVE				
Last Event	CANCEL ADM DISS/REV				
Event Date Filed	10/03/2006				
Event Effective Date	NONE				
<b><u>Principal Address</u></b>					
C/O HAUSER 1111 KANE CONCOURSE, #616 BAY HARBOR ISLAND FL 33154 Changed 10/03/2006					
<b><u>Mailing Address</u></b>					
C/O HAUSER 1111 KANE CONCOURSE, #616 BAY HARBOR ISLAND FL 33154 Changed 10/03/2006					
<b><u>Registered Agent Name &amp; Address</u></b>					
HAUSER, MARC ESQ. 1111 KANE CONCOURSE, #616 BAY HARBOR ISLAND FL 33154 Name Changed: 10/03/2006 Address Changed: 10/03/2006					
<b><u>Officer/Director Detail</u></b>					
<b>Name &amp; Address</b>					
Title D					

11

# Memorandum



**Date:** March 2, 2010

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

**From:** George M. Burgess  
County Manager

A handwritten signature in dark ink, appearing to read "G. Burgess", written over a light gray background.

**Subject:** District Specific In-Kind Reserve Request Recommendation

---

## 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 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, Kiwanis Club of North Shore Miami Beach, Inc., for their "Charity Dog Show" scheduled for February 21, 2010.

In-kind services have been requested in an amount not to exceed \$750 from the Miami-Dade Park and Recreation Department for the use of a 16'X16' stage. This event will be funded from the unspent balance of the District 4 FY 2008-09 in-kind reserve fund.

In FY 2009-10, Kiwanis Club of North Shore Miami Beach, Inc., received no funding for this event.

Inkind02410