MEMORANDUM

Agenda Item No.11(A)(25)

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

DATE: September 10, 2010

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

SUBJECT: Resolution retroactively authorizing in-kind services for the July 31 – August 7, 2010 "UOTS Cancer Camp"

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: September 10, 2010

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

SUBJECT: Agenda Item No. 11(A)(25)

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**

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Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(25)
9-10-10

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE JULY 31 THROUGH AUGUST 7, 2010 "UOTS CANCER CAMP" SPONSORED BY THE MIAMI CHILDREN'S HOSPITAL, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $2,325.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 6 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, Miami Children's Hospital has requested in-kind services from the Miami-Dade Park and Recreation Department for the July 31-August 7, 2010 "UOTS Cancer Camp" in an amount not to exceed $2,325.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, "UOTS Cancer Camp" gives children who are hospitalized with cancer an opportunity to enjoy a sleep-away camp; and

WHEREAS, Miami Children's Hospital is a not-for-profit organization; and

WHEREAS, the "UOTS Cancer Camp" is a district event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $2,325.00 of the in-kind services shall be funded from the unspent balance of the District 6 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 July 31 through August 7, 2010 "UOTS Cancer Camp" in an amount not to exceed $2,325.00 to be funded from the unspent balance of the District 6 FY 2008-09 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
Dorrin D. Rolle	Natacha Seijas
Katy Sorenson	Rebeca Sosa
Sen. Javier D. Souto	

The Chairperson thereupon declared the resolution duly passed and adopted this 10th day of September, 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

Parks - 2325

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 CHILDRENS HOSPITAL, Division of HEMATOLOGY-ONCOLOGY 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): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): ATHENA C. PEFKAROU MD
CAMP DIRECTOR, ASS. DIRECTOR DIVISION OF HEMATOLOGY-ONCOLOGY.
MIAMI CHILDRENS HOSPITAL - Tel 305 662 8360.
fax 3056666387, email: athena.pefkarou@mch.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): The use of A.D. BARNES PARK facility for 7/31/10 → 8/7/10 (7 night / 8 day) sleepaway camp.

MIAMI-DADE COUNTY
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):
this is a 7 night / 8 day sleep away camp for children between the ages of 7-17 years. these children are treated for CANCER at MCH. They are accompanied by their doctors, nurses, child life specialists and counsellors - ≈ 30 children c̄ almost equal number of personel for close supervision.

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 6.
A.D BARNES PARK.

8. Description of regional or local impact: The benefic of children c̄ cancer - a week away from the hospital and a chance to enjoy activities otherwise impossible s̄ the presence of their own doctors & nurses.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
The children sleep at the camp site for 4 nights - the other 3 night are in Orlando visiting amusement parks. The Park is the home base very close to the hospital

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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): 30-32 children & almost equal number of personel. ≈ 200 people on opening day for brunch & ≈100 people on closing day.

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 of Authorized Representative

3/14/10
Date

60910

FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

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

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8012621109C-7	11/23/2008	11/30/2013	501(C)(3) ORGANIZATION

This certifies that

VARIETY CHILDRENS HOSPITAL
MIAMI CHILDRENS HOSPITAL
3100 SW 62ND 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

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 33155-3009 US

Changed 04/27/2009

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

GREGORY, GARY
3100 SW 62 AVE.
MIAMI FL 33155

Title PD

KINI, M. NARENDRA MD
3100 SW 62 AVE.
MIAMI FL 33155

Title SD

HUCK, DONNA
3100 SW 62 AVE.
MIAMI FL 33155

Title VCD

MURGADO, MARIO
3100 SW 62 AVE.
MIAMI FL 33155

Memorandum

MIAMI-DADE COUNTY

Date: September 10, 2010

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 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, Miami Children's Hospital, for their "United Order True Sisters Cancer Camp" event held on July 31 - August 7, 2010.

In-kind services have been requested in an amount not to exceed $2,325 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 unspent balance of the District 6 FY 2008-09 in-kind reserve fund.

In FY 2009-10, Miami Children's Hospital received no funding for this event.

Inkind05910