

MEMORANDUM

Agenda Item No. 11(A)(9)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: April 4, 2011

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

SUBJECT: Resolution authorizing In-kind
Services for the July 23, 2011 "UOTS
Cancer Camp" event

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/cp



MEMORANDUM

(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: April 4, 2011

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

SUBJECT: Agenda Item No. 11(A)(9)

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)(9)

4-4-11

RESOLUTION NO. _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE JULY 23, 2011 "UOTS CANCER CAMP" SPONSORED BY MIAMI CHILDREN'S HOSPITAL, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,000.00 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 23, 2011 "UOTS Cancer Camp" in an amount not to exceed \$2,000.00 (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 small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$2,000.00 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 authorizes in-kind services from the Miami-Dade Park and Recreation Department for the July 23, 2011 "UOTS Cancer Camp" in an amount not to exceed \$2,000.00 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:

Joe A. Martinez, Chairman	
Audrey M. Edmonson, Vice Chairwoman	
Bruno A. Barreiro	Lynda Bell
Jose "Pepe" Diaz	Carlos A. Gimenez
Sally A. Heyman	Barbara J. Jordan
Jean Monestime	Dennis C. Moss
Rebeca Sosa	Sen. Javier D. Souto

The Chairperson thereupon declared the resolution duly passed and adopted this 4th day of April, 2011. 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

11

[Handwritten signature]

*Parks - 2000
Dist 6 7/30/11*

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

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:

Dolores Green
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.

1. Full legal name of the requesting organization: MIAMI CHILDRENS HOSPITAL
UNITED ORDER TRUG SISTERS CANCER CAMP
DIVISION OF HEMATOLOGY ONCOLOGY

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, ASSOC. DIRECTOR DIVISION OF HEMATOLOGY-ONCOLOGY
MIAMI CHILDRENS HOSPITAL - Tel: 3056628360
Fax: 3056666387 ; email: athena.pefkarov@mch.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): The use of A.D. Barnes
Park facility 7/23/11 through 7/30/11 (7 nights / 8 days) for
the MCH cancer patients sleepaway summer camp.

5

*100 250
700*

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): This is
a 8 day / 7 night sleep away camp for cancer patients
ages 7-17 years, treated at the CANCER CENTER MCH.
They are accompanied by their doctors, nurses, child
life specialists and counsellors. Approx 30-34 children
will be attending & 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
3401 S.W. 74 Avenue
MIAMI FL 33155 Tel 305-665-5319

8. Description of regional or local impact It benefits the children & cancer. A
week away from the hospital and a chance to
enjoy activities and have therapeutic experiences
otherwise impossible to have & the presence of their
doctors and 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 nights are in Orlando visiting amusement
parks. the park is the home base close to the hospital

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): 30-34 children + 25-40 personnel. On opening day ≈ 200 people for brunch. On closing day ≈ 120 people for closing ceremonies

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

2/6/11
Date

Fee Waiver/In-kind Services Application Check List

1. Is every item on the application completed?

2. Is the **Full Legal Name** of the organization listed on the application? Example:

- If the legal name of an organization is "We Fight Cancer One Person At a Time, Inc." that is what the application should state and not simply, "We Fight Cancer".

3. Is a copy of the non-profit status included with the application? A copy of that information can be downloaded from the Florida Corporation's Website:

<http://www.sunbiz.org/corpweb/inquiry/cormenu.html>

4. Are the following items indicated:

1. Type of Event (i.e. special, major, district, or small)
2. Applicant Status
3. Name of the Contact person for the organization
4. Physical Address of the Event
5. Specify the fee waiver or in-kind service requested

NA

5. Have you included an **event budget** for "Special" and "Major" event types?

6. Has the authorized organization representative signed the application?

NOTE: ALL QUESTIONS MUST BE ANSWERED. IF ANY INFORMATION IS MISSING, THE APPLICATION WILL NOT BE ACCEPTED.

For OSBM Staff Use Only

Complete package received

Incomplete package, return to _____ District _____

Reason(s): _____

00910



Consumer's Certificate of Exemption

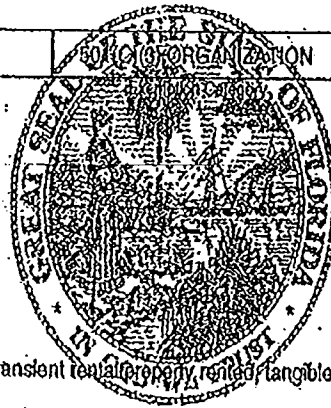
Issued Pursuant to Chapter 212, Florida Statutes

DR-14
FL 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 33156-3009



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



[Previous on List](#) [Next on List](#) [Return To List](#)

[Events](#)

No Name History

Detail by Entity Name

Florida Non Profit Corporation

VARIETY CHILDREN'S HOSPITAL

Filing Information

Document Number 705162
FE/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



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[Next on List](#)

[Return To List](#)

Entity Name Search

[Events](#)

[No Name History](#)

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-0042 SM-0041 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

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

[Previous on List](#)

[Next on List](#)

[Return To List](#)

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[Events](#)

[No Name History](#)

11

Memorandum



Date: April 4, 2011

To: Honorable Chairman, Joe A. Martinez
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

A handwritten signature in black ink, appearing to read "G. Burgess", written over the printed name of George M. Burgess.

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 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 scheduled for July 23, 2011.

In-kind services have been requested in an amount not to exceed \$2,000 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 2010-11, the Miami Children's Hospital received no funding for this event.

Inkind01111