

MEMORANDUM

Agenda Item No. 11(A)(16)

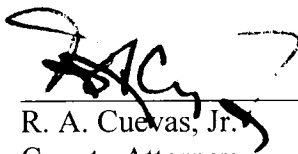
TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: June 7, 2011

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

SUBJECT: Resolution retroactively authorizing
in-kind services for the April 8, 2011
"UCAN Pass the FCAT Tour" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Barbara J. Jordan.



R. A. Cuevas, Jr.
County Attorney

RAC/cp



MEMORANDUM

(Revised)

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

DATE: June 7, 2011

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

SUBJECT: Agenda Item No. 11(A)(16)

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)(16)
6-7-11

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE APRIL 8, 2011 "UCAN PASS THE FCAT TOUR" SPONSORED BY THE NEXT LEVEL OF HOPE, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,300.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 1 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, The Next Level of Hope, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the April 8, 2011 "UCAN Pass the FCAT Tour" in an amount not to exceed \$1,300.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of "UCAN Pass the FCAT Tour" is to, among other things, help students build confidence and pass the FCAT; and

WHEREAS, The Next Level of Hope, Inc. is a not-for-profit organization; and

WHEREAS, the "UCAN Pass the FCAT Tour" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$1,300.00 of the in-kind services shall be funded from the unspent balance of the District 1 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 April 8, 2011 "UCAN Pass the FCAT Tour" in an amount not to exceed \$1,300.00 to be funded from the unspent balance of the District 1 FY 2008-09 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Barbara J. Jordan. 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
Esteban L. Bovo, Jr.	Jose "Pepe" Diaz
Sally A. Heyman	Barbara J. Jordan
Jean Monestime	Dennis C. Moss
Rebeca Sosa	Sen. Javier D. Souto
Xavier L. Suarez	

The Chairperson thereupon declared the resolution duly passed and adopted this 7th day of June, 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

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 Commissioner Barbara Jordan

1. Full legal name of the requesting organization: The Next Level of Hope, 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.): _____

Erik McCall, Phone #: 305.812.5542
Address: 411 NW 117th Street Miami, FL 33168
Email: thenextlevelofhope@gmail.com

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

Donation of Stage

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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): _____

① 2nd Annual U.C.A.N. Pass the FCAT Tour. ② Date in need of stage April 8, 2011 at 12 pm. ③ Purpose of this tour is to express to each student that any dream/goals are possible, no matter the obstacle and/or hardship. Through this tour students will not only gain the mental toughness needed to face and defeat the FCAT but also a willingness to succeed in life. The ultimate goal is to help to build confidence within every student and instill a sense of urgency in the importance of a quality education.

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)): _____

Myrtle Grove Elementary, District 13, School #: 3581
3125 NW 176th Opa-Locka, FL 33056
Principal: Dr. Dianne Jones

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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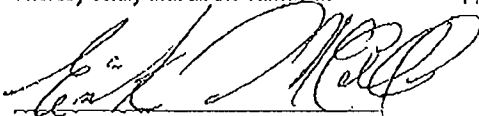
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FEE WAIVER/IN-KIND SERVICES APPLICATION
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10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): _____

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.


Signature of Authorized Representative

03/04/11
Date

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No Events

No Name History

Detail by Entity Name

Florida Non Profit Corporation

THE NEXT LEVEL OF HOPE, INC.

Filing Information

Document Number N08000010570
FE/EIN Number 371575902
Date Filed 11/18/2008
State FL
Status ACTIVE

Principal Address

411 NW 117TH STREET
MIAMI FL 33168

Changed 04/30/2010

Mailing Address

411 NW 117TH STREET
MIAMI FL 33168

Changed 04/30/2010

Registered Agent Name & Address

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145 US

Officer/Director Detail

Name & Address

Title PD

MCCALL, ERIK
7636 NW 2ND COURT
MIAMI FL 33150

Title PD

MARSHALL, COREY
3951 NW 175TH STREET
MIAMI FL 33055

Title SD

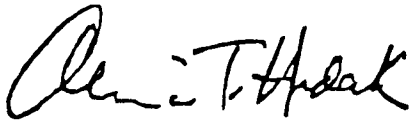
ROBERTS, DEBRA
4120 NW 187TH STREET
MIAMI FL 33055

Memorandum



Date: June 7, 2011

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

From: Alina T. Hudak
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, The Next Level of Hope, Inc. for their "UCAN Pass the FCAT Tour" event held on April 8, 2011.

In-kind services have been requested in an amount not to exceed \$1,300 from the Miami-Dade Park and Recreation Department for the use of a stage. This event will be funded from the unspent balance of the District 1 FY 2008-09 in-kind reserve fund.

In FY 2010-11, The Next Level of Hope, Inc., received no funding for this event.

Inkind02011