



MEMORANDUM

Agenda Item No. 11(A)(34)


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

DATE: November 8, 2012

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

SUBJECT: Resolution retroactively authorizing
in-kind services for the August 10,
2012 "Join a Mission Before the
Season" 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: November 8, 2012

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

SUBJECT: Agenda Item No. 11(A)(34)

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)(34)

11-8-12

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE AUGUST 10, 2012 "JOIN A MISSION BEFORE THE SEASON" EVENT SPONSORED BY THE NEXT LEVEL OF HOPE, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,750.00 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 Parks, Recreation and Open Spaces Department for the August 10, 2012 "Join a Mission Before the Season" event in an amount not to exceed \$1,750.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Join a Mission Before the Season" event is to promote social programs as well as sports for the youth; and

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

WHEREAS, the "Join a Mission Before the Season" event is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$1,750.00 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 Parks, Recreation and Open Spaces Department for the August 10, 2012 "Join a Mission Before the Season" event sponsored by The Next Level of

Hope, Inc., in an amount not to exceed \$1,750.00 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 | |

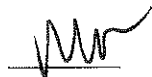
The Chairperson thereupon declared the resolution duly passed and adopted this 8th day of November, 2012. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

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.



Monica Rizo

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 District 1 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
411 NW 117th Street Miami, Florida 33168
thenextlevelofhope@gmail.com (email)

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

Stage Request (Large Showmobile)

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): _____

Name: J.A.M. (Join A Mission) Before the Season

Date: August 10, 2012, Time: 11am - 3pm

JAM Before the Season is a bookbag drive and give away to the extreme. It's fun, innovative and educational with interest to impact the lives of students, parents and the local community in 3 Key areas:
① Crime Prevention, ② Health/Fitness Awareness and ③ School Supply Preparation

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 1

16555 NW 25th Avenue -- Jackson North Medical Center

Miami, Florida 33054

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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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

7/16/12

Date



**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: The Next Level of Hope

EQUIPMENT REQUESTED: Showmobile Large

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Barbara J. Jordan,
Commission District #1

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

BILLING ADDRESS/ZIP CODE: 11 NW 1st Street Suite 220 Miami, FL 33128

NAME/TITLE OF THE EVENT: JAM B 4 Da Season

ADDRESS OF EVENT: Jackson North Medical Health Center 16555 NW 25 Ave Miami, FL

TODAY'S DATE: 07/13/12 DATE (S) & TIME OF EVENT: 08/10/12 11AM

SET-UP TIME & DAY: 9AM 08/10/12

TAKE-DOWN & DAY: 4PM 08/10/12

CONTACT PERSON/PHONE: Erik Mc Call 305-812-5542/Corey Marshall 954-682-8255
AT SITE CONTACT/CELL PHONE#: _____

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: \$1,750.00 In-kind District #1

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: Barbara J. Jordan

Commissioner Barbara J. Jordan

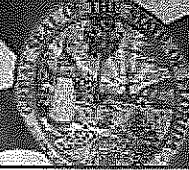
Agency/Group: Commission District #1

**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.**

Late equipment arrivals, please call (786) 236-7926

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No Events

No Name History

Detail by FEI/EIN Number

Florida Non Profit Corporation

THE NEXT LEVEL OF HOPE, INC.

Filing Information

Document Number N08000010570

FEI/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 C SR.
411 NW 117TH STREET
MIAMI FL 33168

Title PD

MARSHALL, COREY
3951 NW 175TH STREET

9

MIAMI FL 33055

Title SD

ROBERTS, DEBRA
4120 NW 187TH STREET
MIAMI FL 33055

Annual Reports

Report Year Filed Date

2009	03/29/2009
2010	04/30/2010
2011	04/13/2011

Document Images

- | | |
|---|--|
| 04/13/2011 -- ANNUAL REPORT | View image in PDF format |
| 04/30/2010 -- ANNUAL REPORT | View image in PDF format |
| 03/29/2009 -- ANNUAL REPORT | View image in PDF format |
| 11/18/2008 -- Domestic Non-Profit | View image in PDF format |

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

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No Events **No Name History**

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Memorandum



Date: November 8, 2012

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

From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A handwritten signature in cursive script, appearing to read "Carlos A. Gimenez".

A retroactive waiver for in-kind services has been requested by The Next Level of Hope, Inc., for their "Join a Mission Before the Season" event held on August 10, 2012.

In-kind services have been requested in an amount not to exceed \$1,750 from the Parks, Recreation and Open Spaces Department for the use of a large showmobile. This event will be funded from the unspent balance of the District 1 FY 2008-09 In-Kind Reserve Fund.

A handwritten signature in cursive script, appearing to read "Edward Marquez".

Edward Marquez
Deputy Mayor

InkInd012036