

# MEMORANDUM

Agenda Item No. 11(A)(10)

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**TO:** Honorable Chairwoman Rebeca Sosa  
and Members, Board of County Commissioners

**DATE:** March 5, 2013

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

**SUBJECT:** Resolution retroactively  
authorizing in-kind services for  
the November 16, 2012 "Phils  
Berry Farms Tour" event

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The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.



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R. A. Cuevas, Jr.  
County Attorney

RAC/smm



# MEMORANDUM

(Revised)

**TO:** Honorable Chairwoman Rebeca Sosa  
and Members, Board of County Commissioners

**DATE:** March 5, 2013

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

**SUBJECT:** Agenda Item No. 11(A)(10)

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 Mayor'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)(10)

3-5-13

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

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE COMMUNITY ACTION AND HUMAN SERVICES DEPARTMENT FOR THE NOVEMBER 16, 2012 "PHILS BERRY FARMS TOUR" SPONSORED BY WEST PERRINE SENIOR CENTER IN AN AMOUNT NOT TO EXCEED \$225.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2012-13 IN-KIND RESERVE FUND

**WHEREAS**, West Perrine Senior Center has requested in-kind services from the Community Action and Human Services Department for the November 16, 2012 "Phils Berry Farms Tour" event in an amount not to exceed \$225.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the "Phils Berry Farms Tour" is a guided tour to educate senior citizens about the history of the Redland; and

**WHEREAS**, the West Perrine Senior Center is operated by Miami-Dade County; and

**WHEREAS**, the "Phils Berry Farms Tour" is a district event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$225.00 of the in-kind services shall be funded from the balance of the District 9 FY 2012-13 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 Community Action and Human Services Department for the November 16, 2012 "Phils Berry Farms Tour" sponsored by West Perrine Senior Center in an amount not to exceed \$225.00 to be funded from the balance of District 9 FY 2012-13 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. 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:

Rebeca Sosa, Chairwoman  
Lynda Bell, Vice Chair

Bruno A. Barreiro  
Jose "Pepe" Diaz  
Sally A. Heyman  
Jean Monestime  
Sen. Javier D. Souto  
Juan C. Zapata

Esteban L. Bovo, Jr.  
Audrey M. Edmonson  
Barbara J. Jordan  
Dennis C. Moss  
Xavier L. Suarez

The Chairperson thereupon declared the resolution duly passed and adopted this 5<sup>th</sup> day of March, 2013. 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 Dennis C. Moss

1. Full legal name of the requesting organization: Miami-Dade County Community Action and Human Services EDVSB

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.): Edeline Mondestin

2525 NW 62nd St., Miami Fl., 33147

(305) 514-6071 Ph., (305) 514-6162 Fax

eclermo@miamidade.gov

4. Specify fee waiver or in-kind service requested (quantify, if applicable): In-kind service request for payment of transportation charges for services rendered on 11/16/2012 from West Perrine Senior Center to Phils Berry Farm.

6. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Phils Berry Farm  
November 16th, 2012  
Guided tour featuring a bit of local history to educate seniors of the Redlands  
history.

8. 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 9  
13955 SW 248 St.  
Homestead Fl. , 33032  
(305)905-2284 Ph.

8. Description of regional or local impact: N/A

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): N/A

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): N/A

11. Expected number of participants and estimated attendance (per day, if applicable): N/A

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

I hereby certify that all the statements made in this application are true and correct.

J. B. Kondratieff, III  
Signature of Authorized Representative

1/15/13  
Date

# Invoice

MIAMI DADE COUNTY  
 COMMUNITY ACTION AGENCY  
 701 NW 1st Street, 10th Floor  
 Miami, FL 33136

<b>DATE</b> 1/2/2013	<b>INVOICE #</b> 3559
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<b>BILL TO</b>
Commissioner Dennis Moss 10710 SW 211 St Suite #206 Miami, Fl 33189

<b>DUE DATE</b> 2/1/2013	<b>TERMS</b> Net 30 Days
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ITEM	DESCRIPTION			AMOUNT
CHARGE	Transportation charges for services rendered 11/16/2012 from West Perrine Senior Center to Phil's Berr	5.0	45.00	225.00
			<b>Total</b>	<b>225.00</b>

**Request for Taxpayer  
 Identification Number and Certification**

N/A

Give Form to the  
 requester. Do not  
 send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required):  Individual/sole proprietor  C Corporation  S Corporation  Partnership  Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

Other (see Instructions) ▶

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

List account number(s) here (optional)

Requester's name and address (optional)

Print or type  
 See Specific Instructions on page 2.

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

				-						
--	--	--	--	---	--	--	--	--	--	--

Employer identification number

				-						
--	--	--	--	---	--	--	--	--	--	--

Note, if the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification Instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



Community Action and Human Services Department  
Elderly, Disability and Veterans Services Bureau

**PHIL'S BERRY FARM**

Field Trip Transportation Request Form

CONTACT PERSON: Olis Almstrom  
EDYS Bureau AD1

DATE OF REQUEST: 10/16/2012

TELEPHONE NO.: (305) 514-6055

FAX #: (305) 514-6162

SITE	DEPARTURE TIME	SENIOR PARTICIPANTS	ADDRESS
West Perring Senior Center (*)	10:00 AM	5	17901 Homestead Ave

(\*) Requisition Form for Service Provided

DATE OF TRIP: November 16, 2012

DESTINATION: Phil's Berry Farm

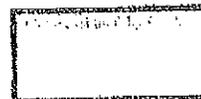
LOCATION: 13955 SW 24th Street

EXPECTED TIME OF RETURN: 2:00 PM

SPECIAL REQUESTS: Handicap Facilitated

SPECIAL FIELD TRIP REQUEST OF COMMISSIONER DENNIS C. MOSS DISTRICT 9

MIAMI DADE COMMUNITY ACTION and HUMAN SERVICES  
TRANSPORTATION UNIT  
REQUISITION FORM FOR SERVICE



SERVICE TYPE No \_\_\_\_\_ PRINT ALL INFORMATION USING BLOCK LETTERS TRIP No \_\_\_\_\_

NAME OF ORGANIZATION: MIAMI-DADE COUNTY CAHSD / EDYSB

REQUISITION DATE: 10/16/2012

INDEX CODE: COHESME12G2

DATE OF TRIP: 11/16/2012

E-mail Address: ECLERAH@com.miamidade.gov

RESPONSIBLE FOR PAYMENT: E. MONDESTIN  
NAME

SIGNATURE: [Signature]

ADDRESS: 2525 NW 62 STREET

CITY: MIAMI

ZIP CODE: 33147

PHONE: 305-517-6071

FAX: 305-514-6162

SERVICE REQUESTED BY: MIAMI-DADE COUNTY CAHSD / EDYSB - E. MONDESTIN  
Name

DEPARTURE POINT: West Perrine Senior Center

DEPARTURE TIME: 10:00 AM

ADDRESS: 17901 Homestead Ave.

RETURN TIME: 2:00 PM

DESTINATION POINT: PHIL'S BERRY FARM

ADDRESS: 13953 SW 218 STREET

# OF PASSENGER FOR TRANSPORTING: 5 CHILDREN: 0 ADULTS: 5  
\*HANDICAP FACILITATED\*

FOR OFFICIAL USE ONLY

TOTAL HOURS CHARGED \_\_\_\_\_  
TOTAL CHARGE \$ \_\_\_\_\_ DEPOSIT \$ \_\_\_\_\_ BALANCE \$ \_\_\_\_\_

DRIVER NAME: \_\_\_\_\_ CODE: \_\_\_\_\_ VEHICLE # \_\_\_\_\_ TYPE: \_\_\_\_\_

EXACT # OF PASSENGERS TRANSPORTED \_\_\_\_\_ (CHILDREN) \_\_\_\_\_ (ADULTS)

MILES DEPARTURE POINT \_\_\_\_\_ MILES DESTINATION POINT \_\_\_\_\_

REMARKS: \_\_\_\_\_ IS A LIFT NEEDED: \_\_\_\_\_ #WHEEL CHAIRS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DRIVER ATTENDANT SUPERVISOR  
NATASHA WADE: \_\_\_\_\_

TYPE OF SERVICE - INDEX CODE - GROUPS OF CUSTOMERS

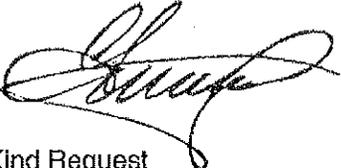
1	CAA HS mail (pick up & Deliver)	CAHS1TR	10	CAA HS EDUCATION	CAHS1TR
2	CAA HS MEDICAL	CAHS1TR	11	CAA HS ADMINISTRATION	CAHS1TR
3	CAA HS DENTAL	CAHS1TR	12	OTHER CAA INSIDE PROGRAMS	GROUP No.2
4	CAA HS Home Center Home	CAHS1TR	13	PRIVATE CUSTOMERS (O.T. SHIP)	GROUP No.3
5	CAA HS THERAPY	CAHS1TR	14	COUNTY DEPARTMENTS	GROUP No.4
6	CAA HS EVALUATION	CAHS1TR	15	THE CHILDREN TRUST OOS PROGRAM	CACTHHS
7	CAA HS FIELD TRIP	CAHS1TR	16	THE CHILDREN TRUST BHS	CACTHHS
8	CAA HS MATERIAL	CAHS1TR	17	THE YPK PROGRAM	CAHS1YPK
9	CAA HS PARENT INVOLVEMENT	CAHS1TR	18	THE CHILDREN TRUST OOS PROGRAM	GROUP NO.2

Revised 04-18-12 NW

NORMAL BUSINESS HOUR (\$45/hr) OUTSIDE NORMAL BUSINESS HOURS (EVEN) 1 HOUR MINIMUM CHARGE  
NOTE: MINIMUM CHARGE OF \$125.00 (BUSINESS HOURS) & \$100.00 (EVEN HOURS) IF NO STOP OR CANCELLATION AT THE  
NOTE: TRIPS AFTER NORMAL BUSINESS HOURS M-F (7:30AM-4:00PM) WEEKEND & HOLIDAY WILL REPLY \$60.00/hr  
FOR INFORMATION OR SERVICES REQUEST CALL 786-596-3638 \* FAX 786-459-6856

# Memorandum

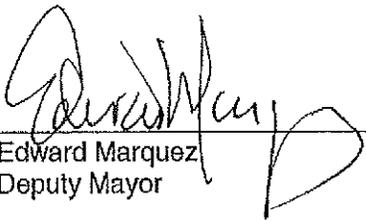


**Date:** March 5, 2013  
**To:** Honorable Chairwoman Rebeca Sosa  
and Members, Board of County Commissioners  
**From:** Carlos A. Gimenez  
Mayor   
**Subject:** District Specific In-Kind Request

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A retroactive waiver for in-kind services has been requested by The West Perrine Senior Center for their "Phils Berry Farms Tour" event held on November 16, 2012.

In-kind services have been requested in an amount not to exceed \$225 from the Community Action and Human Services Department for providing transportation to the event. This event will be funded from the balance of District 9 FY 2012-13 In-Kind Reserve Fund.

  
Edward Marquez  
Deputy Mayor

InkInd01308