

MEMORANDUM

Agenda Item No. 3(A) (7)


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

DATE: April 2, 2013

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

SUBJECT: Resolution retroactively
authorizing in-kind services for
the October 27, 2012 "Souls To
The Polls, Non-Partisan Get Out
To Vote Rally" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Jean Monestime.



R. A. Cuevas, Jr.
County Attorney

RAC/smm



MEMORANDUM

(Revised)

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

DATE: April 2, 2013

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

SUBJECT: Agenda Item No. 3(A)(7)

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. 3(A)(7)

4-2-13

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT FOR THE OCTOBER 27, 2012 "SOULS TO THE POLLS, NON-PARTISAN GET OUT TO VOTE RALLY" SPONSORED BY THE NATIONAL ACTION NETWORK SOUTH FLORIDA CHAPTER, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,400.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 2 FY 2012-13 IN-KIND RESERVE FUND

WHEREAS, the National Action Network South Florida Chapter, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the October 27, 2012 "Souls To The Polls, Non-Partisan Get Out To Vote Rally" in an amount not to exceed \$1,400.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Souls To The Polls, Non-Partisan Get Out To Vote Rally" is to promote voter participation in the November 6, 2012 general election; and

WHEREAS, the National Action Network South Florida Chapter, Inc. is a not-for-profit organization; and

WHEREAS, the "Souls To The Polls, Non-Partisan Get Out To Vote Rally" is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$1,400.00 of the in-kind services shall be funded from the balance of the District 2 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 Parks, Recreation and Open Spaces Department for the October 27, 2012 "Souls To The Polls, Non-Partisan Get Out To Vote Rally" sponsored by the

National Action Network South Florida Chapter, Inc. in an amount not to exceed \$1,400.00 to be funded from the balance of District 2 FY 2012-13 In-Kind Reserve Fund.

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

The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of April, 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. 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 Jean Morestime

1. Full legal name of the requesting organization: National Action Network Miami-Dade Chapter, 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.): _____

D. Chrissy Miller-Brown, 13230 NW 7th Ave,
North Miami, FL 33168, 305-766-0717, demiller²⁰⁷
dcmler.dm@gmail.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Requesting waiver of fees for the Miami-Dade show mobile and Event Permit fees.

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

Souls to the Polls, non-partisan get out to vote rally, October 27th, 2012, 7am - 5pm
The event is designed to encourage constituents to participate in early voting. The event is free and open to the entire community.

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

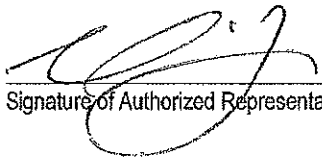
7. Physical address of event venues (please specify Commission District(s)): Stephen P. Clark
Government Center, 111 NW 1st Street

8. Description of regional or local impact: The event will foster excep-
tional voter participation in the general
election voting process.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 10/26/12 -
4pm - set up of show mobile, 10/27/12 - 5:30am
event set up, 10:45am event start, 5:00pm
event ends, show mobile may be picked up
anytime after 5:00pm.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Show mobile will be positioned as directed by a representative of Miami Dade County on the plaza of the Stephen P. Clark Center, a minimum of 100 feet from the pools.
11. Expected number of participants and estimated attendance (per day, if applicable): 1,000
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Budget includes sound, portable toilets, water, security, insurance, marketing all of which has been secured on an in-kind or donated basis to date.

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


Signature of Authorized Representative

10/12/12
Date

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) National Action Network Miami-Dade Chapter, Inc.	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.) 13230 NW 7th Avenue City, state, and ZIP code North Miami, FL 33168 List account number(s) here (optional)	
		Requester's name and address (optional)

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.

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

Social security number	
[] [] [] - [] [] [] - [] [] [] []	
Employer identification number	
9 0 - 0 8 7 9 6 1 3	

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 ▶ <u>10/16/2012</u>
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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.



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AND SOUND PRODUCTION**
(305) 226-8315 Ext. 224/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Commissioner Monestime

EQUIPMENT REQUESTED: Medium Show mobile

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Monestime

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

BILLING ADDRESS/ZIP CODE: 900 NE 125 Street

NAME/TITLE OF THE EVENT: National Action Network-Miami-Dade Chapter Inc.

ADDRESS OF EVENT: 111 NW 1st Street

TODAY'S DATE: 10/2/2012 DATE (S) & TIME OF EVENT: October 27, 2012

SET-UP TIME & DAY: 5 : 0 0 A M

TAKE-DOWN & DAY: 7 : 0 0 P M

CONTACT PERSON/PHONE: Melonie Burke

AT SITE CONTACT/CELL PHONE#: 305-505-1295

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.**


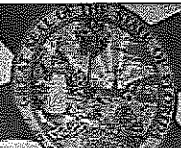
*Fee: \$910.00 Signature: _____

*(SEE FEE SCHEDULE FOR EXACT CHARGES) Agency/Group: Commissioner Monestime

**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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Detail by Entity Name			
Florida Non Profit Corporation			
THE NATIONAL ACTION NETWORK SOUTH FLORIDA CHAPTER, INC.			
<p>This detail screen does not contain information about the 2013 Annual Report. Click here to determine if a 2013 Annual Report has been filed.</p>			
<u>Filing Information</u>			
Document Number	N12000008183		
FEI/EIN Number	NONE		
Date Filed	08/24/2012		
State	FL		
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Last Event	NAME CHANGE AMENDMENT		
Event Date Filed	01/09/2013		
Event Effective Date	NONE		
<u>Principal Address</u>			
13230 NW 7TH AVE NORTH MIAMI FL 33168 US			
<u>Mailing Address</u>			
13230 NW 7TH AVE NORTH MIAMI FL 33168 US			
<u>Registered Agent Name & Address</u>			
MILLER, D'JUANA C 13230 NW 7TH AVE NORTH MIAMI FL 33029 US			
<u>Officer/Director Detail</u>			
Name & Address			
Title P			
CURRY, VICTOR T 13230 NW 7TH AVE NORTH MIAMI FL 33168			
Title 1VP			
JACKSON, ALPHONSO SR 13230 NW 7AVE NORTH MIAMI FL 33168 US			

Title 2VP

SHARP, KISHASHA B
13230 NW 7TH AVE
NORTH MIAMI FL 33168 US

Title TR

SHARPTON, DARYL K
13230 NW 7TH AVE
NORTH MIAMI FL 33168 US

Title ASTR

MILLER, DJUANA C
13230 NW 7TH AVE
NORTH MIAMI FL 33168 US

Title SEC

BOYD SMITH, TRACI
13230 NW 7TH AVE
NORTH MIAMI FL 33168 US

Annual Reports

No Annual Reports Filed

Document Images

01/09/2013 -- Name Change

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08/24/2012 -- Domestic Non-Profit

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

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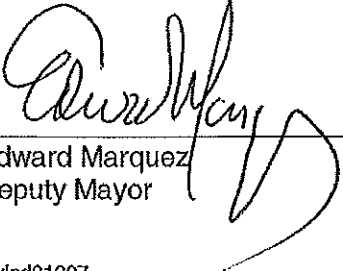
Memorandum



Date: April 2, 2013
To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners
From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by The National Action Network South Florida Chapter, Inc., for their "Souls To The Polls, Non-Partisan Get Out To Vote" event held on October 27, 2012.

In-kind services have been requested in an amount not to exceed \$1,400 from the Parks, Recreation and Open Spaces Department for the use of a medium showmobile. This event will be funded from the balance of District 2 FY 2012-13 In-Kind Reserve Fund.


Edward Marquez
Deputy Mayor

InkInd01307