

MEMORANDUM

Agenda Item No. 3(A)(6)

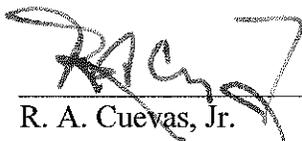
TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: July 2, 2013

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

SUBJECT: Resolution retroactively
authorizing in-kind services
for the April 19, 2013
"West Perrine Community
Spring Gospel Fest"

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



R. A. Cuevas, Jr.
County Attorney

RAC/smm



MEMORANDUM
(Revised)

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

DATE: July 2, 2013

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

SUBJECT: Agenda Item No. 3(A)(6)

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)(6)

7-2-13

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE APRIL 19, 2013 "WEST PERRINE COMMUNITY SPRING GOSPEL FEST" SPONSORED BY THE ST. PETERS MISSIONARY BAPTIST CHURCH, INC. IN AN AMOUNT NOT TO EXCEED \$340.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2012-13 IN-KIND RESERVE FUND

WHEREAS, the St. Peters Missionary Baptist Church of Perrine, Inc. has requested in-kind services from the Miami-Dade Parks, Recreation and Open Spaces Department for the April 19, 2013 "West Perrine Community Spring Gospel Fest" event in an amount not to exceed \$340.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "West Perrine Community Spring Gospel Fest" event is to host an outing for the community and promote unity; and

WHEREAS, this event will bring together members of the community to enjoy entertainment provided by local artists; and

WHEREAS, St. Peters Missionary Baptist Church, Inc. is a not-for profit organization; and

WHEREAS, the "West Perrine Community Spring Gospel Fest" is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$340.00 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 Miami-Dade Parks, Recreation and Open Spaces

Department for the April 13, 2013 "West Perrine Community Spring Gospel Fest" event sponsored by St. Peters Missionary Baptist Church of Perrine, Inc. in an amount not to exceed \$340.00 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 2nd day of July, 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 Commissioner Dennis A. Moss

1. Full legal name of the requesting organization: St. Peters Missionary Baptist Church

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.): _____

Vivian L. Smith Fax: (305) 232-1627
17901 S.W. 107 Ave. Email: Smith_Vivian@bellsouth.net
Miami, Fl. 33157

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

N/A

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

See Attached

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 # 9

St. Peters Missionary Baptist Church
17901 S.W. 107 Avenue
Miami, Florida 33157

8. Description of regional or local impact: As a result of the generational and cultural divide, many issues that would normally be resolved within the community go unaddressed. Our goal is to host a Spring Concert that would bring the community together for one night of Unity.

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

Setup: Friday, April 19, 2013 (am)

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

St. Peters Missionary Baptist Church
S.W. 107 Avenue / S.W. 179 Street
and S.W. 184 Street

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

500 or more

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.

Victorio A. Smith
Signature of Authorized Representative

Apr. 22 2013
Date

St. Peters Missionary Baptist Church

17901 S.W. 107th Avenue • Miami, FL 33157
Office: 305-232-5512 • Fax: 305-232-1620

Rev. Robert Brooks Jr., Senior Pastor/Teacher

(DCP)

STAGE
Request
3/12/13

Bro. Tracy Scott
Chairman, Trustee Ministry

Sis. Vivian Smith-Harrell
Secretary

Sis. Alma Bartley
Clerk

John Wilson
Chairman, Deacon Ministry

March 12, 2013

To: Commissioner Dennis Moss
District #9

From: St. Peters Missionary Baptist Church
17901 S.W. 107th Avenue
Perrine, Florida 33157

Re: West Perrine Community Spring Gospel Fest
Bring Unity Back into the West Perrine Community

The St. Peters Missionary Baptist Church, incorporated is a 501 ©(3) Organization has rendered charitable and religious service to the community of West Perrine and other South Dade County Municipalities for over 20 years. We strive to assist individuals and families that are in need of clothing, housing, food, spiritual guidance and at-risk youth.

In the last couple of years, we are finding that we are losing our community due to deterrents such as: drugs, gun violence, accident fatalities, foreclosure on property, and unemployment just to name a few factors.

Our Pastor, Robert J. Brooks, along with neighboring pastors, our church family and concerned citizens of Perrine would like reach out to the community to regain the respect that has been lost in the community of West Perrine. We would like to put on a Community Spring Gospel Fest to reestablish Unity and Trust back into an area that was once well respected, vibrant and full of family oriented morals.

The above event is planned for Friday, April 19, 2013 at 7:00 p.m., on the church grounds of St. Peters Missionary Baptist Church at 17901 S. W. 107th Avenue, Perrine, Florida 33157. We are requesting the use of a Stage and lights for this event.

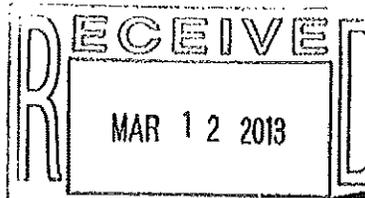
We are excited about this activity and hope it becomes an Annual Event for the residents of West Perrine. We would appreciate your presence along with any other personnel on that evening to show the community that we are all in this together. Anything that you do be it big or small would be more than appreciated by all. We strongly feel that our cause is a worthy one and we greatly appreciate your consideration regarding this matter.

Once again, we thank you in advance for helping us. Kindness extended to others is truly a blessing and something to be thankful for.

If you have any questions or concerns, please feel free to contact me at (305)232-5512.

Respectfully,

Vivian L. Smith
Vivian L. Smith
Church Secretary



Smith - Vivian @ bell south.net

"He hath shewed thee, O man, what is good; and what doth the LORD require of thee, but do justly, and to love mercy, and to walk humbly with thy God?"

Micah 6:8

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#5

In an effort to promote "Unity" in the Community of West Perrine; the St. Peters Missionary Baptist Church is hosting a Spring Gospel Concert featuring local artists, free entertainment, food and fun. The Community of West Perrine is an evolving community from a predominantly black aging society to a multi-cultural thriving young community.

As a result of the generational and cultural divide, many issues that would normally be resolved within the community go unaddressed. Our goal is to host a Spring Concert, that would bring the community together for one night of "Unity".



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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: St. Peters Missionary Baptist Church

EQUIPMENT REQUESTED: Light Towers (4)

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis Moss,
Commission District #9

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

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Suite 320 Miami, FL 33128

NAME/TITLE OF THE EVENT: West Perrine Community Spring Gospel Fest

ADDRESS OF EVENT: 17901 SW 107Ave Perrine

TODAY'S DATE: 04/11/13 DATE (S) & TIME OF EVENT: 04/19/13 5PM - 10PM

SET-UP TIME & DAY: 8AM 04/19/13

TAKE-DOWN & DAY: 11PM 04/19/13

CONTACT PERSON/PHONE: Vivian Smith 305-232-5512

AT SITE CONTACT/CELL PHONE#: cell: 305-491-1741 Vivian Smith

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: \$340.00 JE

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: *Dennis Moss*

Commissioner Dennis Moss

Agency/Group: Commission District #9

**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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**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**




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Detail by Entity Name

Florida Non Profit Corporation
 ST. PETERS MISSIONARY BAPTIST CHURCH OF PERRINE, INC.

Filing Information

Document Number	719640
FEI/EIN Number	596208761
Date Filed	11/05/1970
State or Country	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	01/05/1996
Event Effective Date	NONE

Principal Address
 17901 S.W. 107TH AVENUE
 MIAMI, FL 33157
 Changed: 05/23/1985

Mailing Address
 17901 S.W. 107TH AVENUE
 MIAMI, FL 33157
 Changed: 05/23/1985

Registered Agent Name & Address
 WILSON, JOHN W
 10835 S.W. 141 LANE
 MIAMI, FL 33176
 Name Changed: 11/15/1996
 Address Changed: 11/15/1996

Officer/Director Detail

Name & Address

Title PD

GIBSON, WARREN
 12791 S.W. 187 TERRACE
 MIAMI, FL

//

Title SD

BARTLEY, ALMA T.
10201 S W 157TH STREET
MIAMI, FL 33157

Title D

MILLS, TAMIKA PALMER
20052 SW 123RD DRIVE
MIAMI, FL 33177

Title EXD

SCOTT, TRACY
16211 SW 104TH AVE
MIAMI, FL 33157

Title TD

WILSON, JOHN W.
10835 SW 141 LANE
MIAMI, FL 33176

Annual Reports

Report Year	Filed Date
2010	04/29/2010
2011	04/25/2011
2012	04/30/2012

Document Images

04/30/2012 -- ANNUAL REPORT	View image in PDF format
04/25/2011 -- ANNUAL REPORT	View image in PDF format
04/29/2010 -- ANNUAL REPORT	View image in PDF format
04/26/2009 -- ANNUAL REPORT	View image in PDF format
05/01/2008 -- ANNUAL REPORT	View image in PDF format
05/01/2007 -- ANNUAL REPORT	View image in PDF format
03/13/2006 -- ANNUAL REPORT	View image in PDF format
04/08/2005 -- ANNUAL REPORT	View image in PDF format
04/26/2004 -- ANNUAL REPORT	View image in PDF format
02/21/2003 -- ANNUAL REPORT	View image in PDF format
03/03/2002 -- ANNUAL REPORT	View image in PDF format
02/15/2001 -- ANNUAL REPORT	View image in PDF format
02/21/2000 -- ANNUAL REPORT	View image in PDF format
01/27/1999 -- ANNUAL REPORT	View image in PDF format
02/04/1998 -- ANNUAL REPORT	View image in PDF format
04/15/1997 -- ANNUAL REPORT	View image in PDF format
04/25/1996 -- ANNUAL REPORT	View image in PDF format
04/19/1995 -- ANNUAL REPORT	View image in PDF format

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**Request for Taxpayer
 Identification Number and Certification**

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

Name (as shown on your income tax return)
St. Peters Missionary Baptist Church, Inc.

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) ▶ _____ Exempt payee
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
17901 S.W. 107 Avenue

City, state, and ZIP code
Miami, Florida 33157

List account number(s) here (optional)
St. Peters Missionary Baptist Church, Inc.

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
59-6208761

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 ▶ **Gary Beatts** Date ▶ **April 22, 2018**

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.

Memorandum



Date: July 2, 2013

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

From: Carlos A. Gimenez
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez", written over a horizontal line.

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by St. Peters Missionary Baptist Church of Perrine, Inc., for their "West Perrine Community Spring Gospel Fest" event held on April 19th, 2013.

In-kind services have been requested in an amount not to exceed \$340.00 from the Miami Dade Parks Recreation and Open Space Department for (4) light towers. This event will be funded from the balance of District 9 FY 2012-13 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Edward Marquez", written over a horizontal line.

Edward Marquez
Deputy Mayor

Inkind01337