

MEMORANDUM

Agenda Item No. 3(A)(5)

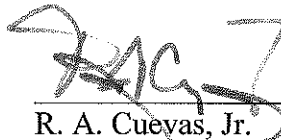
TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: March 4, 2014

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

SUBJECT: Resolution retroactively
authorizing in-kind services for
the December 21, 2013
"Community Christmas" event

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/cp



MEMORANDUM
(Revised)

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

DATE: March 4, 2014

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

SUBJECT: Agenda Item No. 3(A)(5)

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)(5)

3-4-14

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE DECEMBER 21, 2013 "COMMUNITY CHRISTMAS" EVENT SPONSORED BY IGLESIA CRISTIANA EL BUEN SAMARITANO, INC. IN AN AMOUNT NOT TO EXCEED \$650.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2013-14 IN-KIND RESERVE FUND

WHEREAS, Iglesia Cristiana El Buen Samaritano, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the December 21, 2013 "Community Christmas" event in an amount not to exceed \$650.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Community Christmas" event is to reach out to needy families within the community, and provide underprivileged children with entertainment and holiday gifts; and

WHEREAS, Iglesia Cristiana El Buen Samaritano, Inc. is a not-for-profit organization; and

WHEREAS, the "Community Christmas" event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$650.00 of the in-kind services shall be funded from the balance of the District 9 FY 2013-14 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 December 21, 2013 "Community Christmas" event sponsored by Iglesia Cristiana El Buen

Samaritano, Inc. in an amount not to exceed \$650.00 to be funded from the balance of District 9 FY 2013-14 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 4th day of March, 2014. 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 Dennis C. Ross, District 9

1. Full legal name of the requesting organization: Iglesia Cristiana El Buen Samaritano

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.): _____

Frank Batres, Iglesia Cristiana El Buen Samaritano (EBS)
25795 SW 137 Ave. Princeton FL 33032
786-412-7211 realtes@bellsouth.net
icebs@yahoo.com

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

16 x 16 stage

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

Community Christmas Event
Saturday December 21, 2013 12 Noon - 4 pm

Purpose: Reach out to needy families in our community to provide their children with entertainment and to bring a smile to underprivileged children that are affected by the economic crisis.

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)): _____

25795 SW 137 Ave.
Princeton FL 33032
Dennis C. Moss, District 9

8. Description of regional or local impact: _____

Will impact many families in our community that are underprivileged and provide a free event to take their children and receive a christmas gift.

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

Set up - 10am.
Event - 12 - Noon - 4 pm
Breakdown - 4 - 6 pm

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

Field Church property located at corner of
137 Ave. & 260 St.
(See attached.)

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

500 in attendance

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

Donations by our business community

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


Signature of Authorized Representative

12-17-13
Date



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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Iglesia Cristiana

EQUIPMENT REQUESTED: Stage 16' x 16'

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 1st Street Suite 320 Miami, FL 33128

NAME/TITLE OF THE EVENT: Iglesia Cristiana El Buen Samaritano

ADDRESS OF EVENT: 25795 SW 137 Ave Princeton, FL

TODAY'S DATE: 01/10/14 DATE (S) & TIME OF EVENT: 12/21/2013 12PM - 4PM

SET-UP TIME & DAY: 10AM 12/21/13

TAKE-DOWN TIME & DAY: 5PM 12/21/13

CONTACT PERSON/PHONE: Frank Bates 786-412-7211

AT SITE CONTACT/CELL PHONE#: _____

SPECIAL INSTRUCTIONS: Direction Item(s) are to be placed, maps, diagrams, etc.
Please contact organization for special instructions

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: \$650.00 In-kind District #9

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: _____

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

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)	
	Business name/d. disregarded entity name, if different from above <i>J. Gloria Cristobal & Buen Samaritano</i>	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input 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"/> Other (see instructions) ▶	
	<input checked="" type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) <i>25795 SW 137 Ave.</i>	Requester's name and address (optional)
	City, state, and ZIP code <i>Princeton FL 33032</i>	
	List account number(s) here (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.

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

Employer identification number																					
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Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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 ▶ <i>12-17-13</i>
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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:

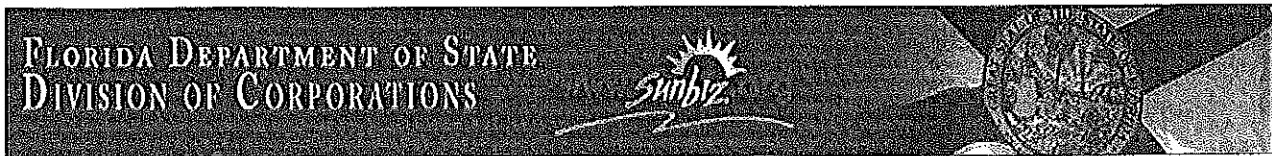
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your 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.



Detail by FEI/EIN Number

Florida Non Profit Corporation

IGLESIA CRISTIANA EL BUEN SAMARITANO, INC.

Cross Reference Name

CHRISTIAN CHURCH OF THE GOOD SAMARITAN, INC.

Filing Information

Document Number	N12426
FEI/EIN Number	592839224
Date Filed	12/09/1985
State	FL
Status	ACTIVE
Last Event	NAME CHANGE AMENDMENT
Event Date Filed	11/30/1998
Event Effective Date	NONE

Principal Address

25795 SW 137 AVENUE
PRINCETON, FL 33032

Changed: 08/20/1999

Mailing Address

25795 SW 137 AVENUE
PRINCETON, FL 33032

Changed: 08/20/1999

Registered Agent Name & Address

FIGUEROA, ROSA
1451 NE 10TH STREET
HOMESTEAD, FL 33033

Name Changed: 07/09/2002

Address Changed: 07/09/2002

Officer/Director Detail

Name & Address

Title PD

URGELLES, MELQUIADES
25851 S.W. 133 CT.
PRINCETON, FL 33032

Title VD

HOLGUIN, AUREO R
25071 S.W. 124 PL
PRINCETON, FL 33032

Title SD

FIGUEROA, ROSA M
1451 N.E. 10TH ST.
HOMESTEAD, FL 33033

Title Trustee

DE JESUS, JUAN J
18700 S.W. 294 TERR.
HOMESTEAD, FL 33030

Title Treasurer

GOMEZ, JUAN E
13500 S.W. 258 ST.
PRINCETON, FL 33032

Title Trustee

URGELLES, MELQUIS
20254 SW 131 COURT
PRINCETON, FL 33177

Annual Reports

Report Year	Filed Date
2012	04/29/2012
2013	04/25/2013
2013	07/17/2013

Document Images

07/17/2013 -- AMENDED ANNUAL REPORT	View image in PDF format
04/25/2013 -- ANNUAL REPORT	View image in PDF format
04/29/2012 -- ANNUAL REPORT	View image in PDF format
04/26/2011 -- ANNUAL REPORT	View image in PDF format
04/07/2010 -- ANNUAL REPORT	View image in PDF format
04/30/2009 -- ANNUAL REPORT	View image in PDF format
05/20/2008 -- ANNUAL REPORT	View image in PDF format



November 25, 2013

Miami-Dade County Commission
Chairman Dennis C. Moss, District 9
South Dade Government Center
Miami, FL

Our church, Iglesia Cristiana El Buen Samaritano located at 25795 SW 137th Ave Princeton, FL 33032 is a 501C-3 non-profit organization since established in 1985. Our weekly attendance is over 1,200 people.

Our church board, staff and volunteers are dedicated to carry out the vision of our church "To make a church a place for everyone in our community". For the last six years through Ministerio Pan y Palabra our church has reached out to the needy in our community in a weekly bases and by making special events for Thanksgiving and Christmas. Our Thanksgiving event was very successful; we were able to distribute 255 food baskets and turkeys to underprivileged families in our community.

On December 21, 2013 from 12 Noon to 4:00 PM we are hosting a Community Christmas event, a toy drive is in full force and we are excited about all the businesses in our community that will partner with us in an effort to make this Christmas an unforgettable one for many children, but most of all we are excited to bring a smile to so many little faces in the middle of the economic crisis that affects so many families.

We are requesting your help with Dade County Police to be present, not for security reasons, but just to educate children. We like to have the Fire Department with the anti-venomous unit, or if you can get a watchdog, helicopter, or any participation from Metro-Dade units will be great. Also, we would be honored to have you participate with us if your agenda allows.

We would like to thank you ahead of time for your generosity. Our church family would greatly appreciate your efforts in helping us accomplish our mission for this community.

If you have any questions, please feel free to contact Frank Batres at 786-412-7211 – email: reales@bellsouth.net

Sincerely,

Melquades Urgelles
Senior Pastor

Iglesia Cristiana El Buen Samaritano
13550 SW 256 St. Princeton, FL 33032
Tel: 305.258.9600 Fax: 305.258.0922 Email: icebs@yahoo.com
iglesiaebs.com

DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 15 1999

IGLESIA CRISTIANA EL BUEN
SAMARITANO INC
25720 SW 137TH AVE
PRINCETON, FL 33032-6726

Employer Identification Number:
59-2839224

OLN:
17058193061019

Contact Person:

BRENDA HILKINS

ID# 52688

Contact Telephone Number:
(377) 829-5500

Accounting Period Ending:
April 30

Form 990 Required:
No

Addendum Applies:
No

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(i).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. This does not apply, however, if you make or have made a timely election under section 3121(k) of the Code to be exempt from such tax. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or

Letter 947 (00/08)



30

SW 230th St

SW 127th Ave

SW 128th Ave

DORR
DORR
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DORR

PARKING
PARKING

N

Directions

Search for Address

9:49 PM

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Memorandum



Date: March 4, 2014

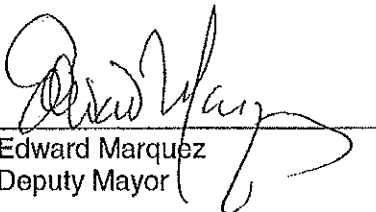
To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by Iglesia Cristiana El Buen Samaritano, Inc., for their "Community Christmas" event held on December 21st, 2013.

In-kind services have been requested in an amount not to exceed \$650.00 from the Parks, Recreation and Open Spaces Department for the use of a 16 x 16 stage. This event will be funded from the balance of District 9 FY 2013-14 In-Kind Reserve Fund.


Edward Marquez
Deputy Mayor

Inkind01421