

MEMORANDUM

Agenda Item No. 3(A)(2)

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

DATE: July 1, 2014

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

SUBJECT: Resolution retroactively
authorizing in-kind services for
the February 23, 2014 "2014
Annual Miami Kidney Walk"

The accompanying resolution was prepared and placed on the agenda at the request of Co-Prime Sponsors Commissioner Sally A. Heyman and Commissioner Bruno A. Barreiro.



R. A. Cuevas, Jr.
County Attorney

RAC/smm



MEMORANDUM
(Revised)

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

DATE: July 1, 2014

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

SUBJECT: Agenda Item No. 3(A)(2)

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)(2)

7-1-14

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE FEBRUARY 23, 2014 "2014 ANNUAL MIAMI KIDNEY WALK" SPONSORED BY NATIONAL KIDNEY FOUNDATION OF FLORIDA IN THE AMOUNT OF \$261.25 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 4 FY 2013-14 IN-KIND RESERVE FUND AND \$1,750.00 FROM THE BALANCE OF THE DISTRICT 5 FY 2013-14 IN-KIND RESERVE FUND

WHEREAS, National Kidney Foundation of Florida has requested in-kind services from the Parks, Recreation and Open Spaces Department for the February 23, 2014 "2014 Annual Miami Kidney Walk" in the amount of \$261.25 and \$1,750.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "2014 Annual Miami Kidney Walk" event is to raise awareness and funds for lifesaving programs, as well as to educate and support patients and their families;

WHEREAS, this event is the largest of its kind and is held in nearly 100 communities; and

WHEREAS, National Kidney Foundation of Florida is a not-for-profit organization; and

WHEREAS, the "2014 Annual Miami Kidney Walk" is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$261.25 of the in-kind services shall be funded from the balance of the District 4 FY 2013-14 In-Kind Reserve Fund, and \$1,750.00 from the balance of the District 5 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 authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the February 23, 2014 "2014 Annual Miami Kidney Walk" sponsored by National Kidney Foundation of Florida, in the amount of \$261.25 to be funded from the balance of the District 4 FY 2013-14 In-Kind Reserve Fund, and \$1,750.00 to be funded from the balance of the District 5 FY 2013-14 In-Kind Reserve Fund.

The Co-Prime Sponsors of the foregoing resolution are Commissioner Sally A. Heyman and Commissioner Bruno A. Barreiro. 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 1st day of July, 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 Bruno A. Barreiro

1. Full legal name of the requesting organization: National Kidney Foundation of Florida

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.): _____

David Perez
3280 Ponce De Leon Blvd., Coral Gables, FL 33134
dperez@kidneyfla.org / 305-648-9004 (o) / 954-547-1646 (c)

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Stage and Sound Production

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): 2014 Annual Miami Kidney Walk
Sunday, February 23, 2014
The Miami Kidney Walk is to benefit the National Kidney
Foundation's Programs and Patients.

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)): _____
Balfour Park
301 North Biscayne Boulevard Commissioner Bruno Barreiro
Miami, FL 33132

8. Description of regional or local impact: To help create awareness of kidney disease, educate
on staying healthy and fundraise to promote & help the programs
of the National Kidney Foundation of Florida.

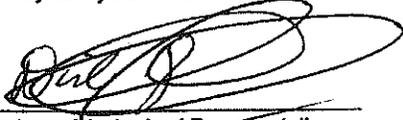
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): _____
8 AM to 11 AM on Sunday, February 23, 2014

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

11. Expected number of participants and estimated attendance (per day, if applicable): 4,000 +

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): \$ 40,000

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



Signature of Authorized Representative

11/21/13

Date



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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: National Kichel Foundation of Florida

EQUIPMENT REQUESTED: TENTS (10 X 10)

NAME OF PERSON RESPONSIBLE FOR THIS BILL: _____

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

BILLING ADDRESS/ZIP CODE: 1100 Fruit St Suite 220
Miami, FL 33128

NAME/TITLE OF THE EVENT: 2014 Miami Kichel Walk

ADDRESS OF EVENT: Bayfront Park - 301 N. Biscayne Blvd., Miami, FL 33132

TODAY'S DATE: 1/8/14 DATE (S) & TIME OF EVENT: Feb. 23, 2014 / 8 AM - 12 AM

SET-UP TIME & DAY: Feb. 22, 2014 / 2:30 PM

TAKE-DOWN TIME & DAY: Feb. 23, 2014 / 12:30 PM

CONTACT PERSON/PHONE: David Perez / (54) - 547-1646

AT SITE CONTACT/CELL PHONE#: David Perez / (54) - 547-1646

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: \$ 500.00 Signature: _____

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Agency/Group: 1/9/14

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

1/2 (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



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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: National Kidney Foundation of Florida

EQUIPMENT REQUESTED: Stage (Showmobile Parkville)

NAME OF PERSON RESPONSIBLE FOR THIS BILL: _____

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

BILLING ADDRESS/ZIP CODE: _____

NAME/TITLE OF THE EVENT: 2014 Annual Miami Kidney Walk

ADDRESS OF EVENT: Bankart Park - 301 N. Biscayne Blvd, Miami, FL 33132

TODAY'S DATE: 11/21/13 DATE (S) & TIME OF EVENT: Feb. 23, 2014 / 8 AM - 11 AM

SET-UP TIME & DAY: Feb. 22, 2014

TAKE-DOWN & DAY: Feb. 23, 2014 / 11 AM

CONTACT PERSON/PHONE: David Perez / (954) - 547 - 1646

AT SITE CONTACT/CELL PHONE#: David Perez / (954) - 547 - 1646

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*Fee:

Signature: _____

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Agency/Group: _____

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MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09

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Type of Event/Application (select one of the following):

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Note: Event budget must be included for "Special" and "Major" event types.

Commissioner sponsoring event

Sally Helman

1. Full legal name of the requesting organization: National Kidney Foundation of Florida

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.): David Perez
3280 Ponce De Leon Blvd., Coral Gables, FL 33134
d.perez@kidneyftr.org / 305-648-9004 (o) / (954)-547-1646 (c)

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Tents (10 X 10)

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 2

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
2014 Annual Miami Kidney Walk
Sunday, February 23, 2014
Fundraiser to benefit fundations programs and direct aid to Patients.

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)):
Bayfront Park
301 North Biscayne Boulevard
Miami, FL 33132
Commissioner SALLY HEYMAN

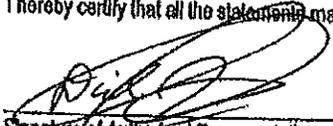
8. Description of regional or local impact: To help create awareness of kidney disease, educate on staying healthy and fundraise to promote & help the programs of the National Kidney Foundation of Florida.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
8 AM to 12 PM on Sunday, February 23, 2014

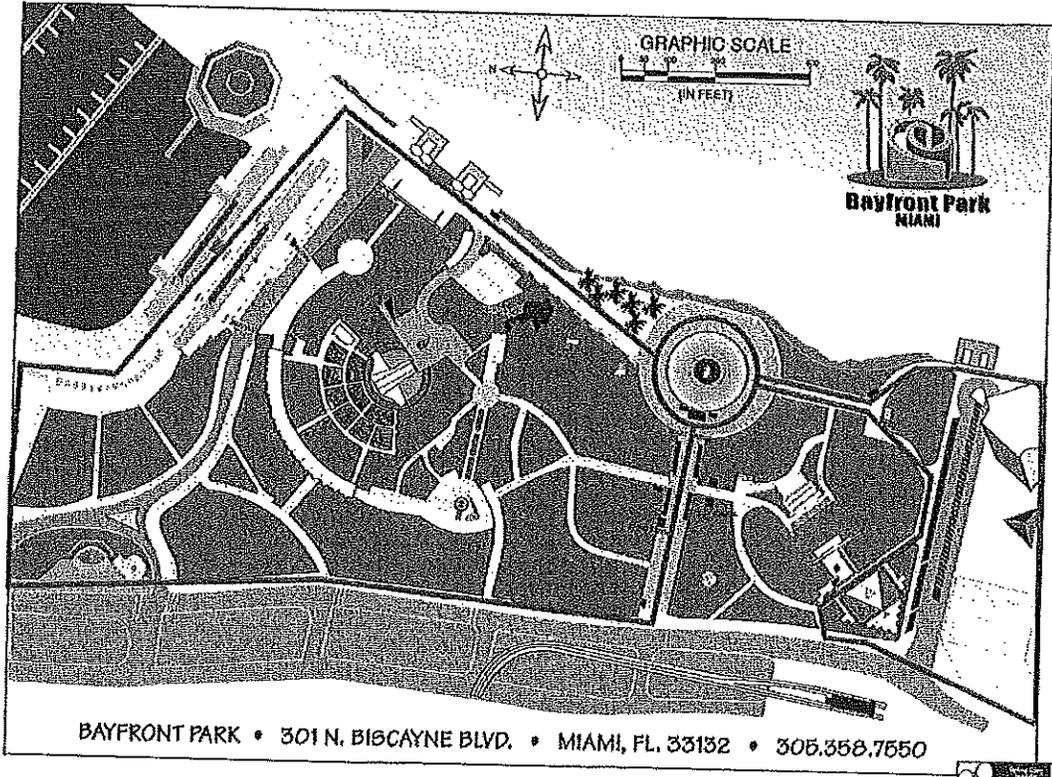
MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See attached... All in Bayfront Park
11. Expected number of participants and estimated attendance (per day, if applicable): 4,000 +
12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): \$ 40,000

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


Signature of Authorized Representative

1/8/14
Date



2007/11/09





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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: National Kidney Foundation of Florida – Miami Kidney Walk

EQUIPMENT REQUESTED: Large Showmobile

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Bruno A. Barreiro,
Commission District #5

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

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Suite 220 Miami, FL 33128

NAME/TITLE OF THE EVENT: Miami Kidney Walk 2014

ADDRESS OF EVENT: Bayfront Park 301 Biscayne Blvd

TODAY'S DATE: 2/20/14 **DATE (S) & TIME OF EVENT:** 02/23/14 8:00AM

SET-UP TIME & DAY: 2 PM 02/22/14

TAKE-DOWN TIME & DAY: 12 PM 02/23/14

CONTACT PERSON/PHONE: David Perez 954-547-1646

AT SITE CONTACT/CELL PHONE#: _____

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OTHER INFORMATION: Include additional equipment if needed.

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***Fee:** \$1,750.00 In-kind District #5

Signature: _____

***(SEE FEE SCHEDULE FOR EXACT CHARGES)**

Commissioner Bruno A. Barreiro

Agency/Group: Commission District #5

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Memorandum



Date: July 1, 2014

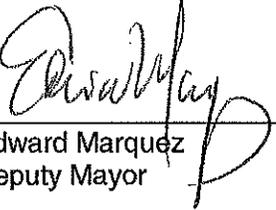
To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by National Kidney Foundation of Florida for their "2014 Annual Miami Kidney Walk" event held on February 23, 2014.

In-kind services have been requested from the Parks, Recreation and Open Spaces Department in the amounts of \$261.25 be funded from the balance of District 4 FY 2013-14 In-Kind Reserve Fund for the use of 10'x10' tents and \$1,750 to be funded from the balance of District 5 FY 2013-14 In-Kind Reserve Fund for the use of a 27' x 16' showmobile.


Edward Marquez
Deputy Mayor

Inkind01415