MEMORANDUM

Agenda Item No. 3(A)(15)

TO:	Honorable Chairwoman Rebeca Sosa and Members, Board of County Commissioners	**DATE:**	September 3, 2014
FROM:	R. A. Cuevas, Jr. County Attorney	**SUBJECT:**	Resolution authorizing in-kind services for the June 22-28, 2014 "Camp FunRise" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Chairwoman Rebeca Sosa.

R. A. Cuevas, Jr.
County Attorney

RAC/smm

MEMORANDUM
(Revised)

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

DATE: September 3, 2014

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

SUBJECT: Agenda Item No. 3(A)(15)

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)(15)
9-3-14

RESOLUTION NO. _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE JUNE 22-28, 2014 "CAMP FUNRISE" EVENT SPONSORED BY ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC. AND MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC., IN AN AMOUNT NOT TO EXCEED $1,500.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 6 FY 2013-14 IN-KIND RESERVE FUND

WHEREAS, the Arthritis Foundation, Florida Chapter, Inc. and Miami Children's Health System Foundation, Inc. have requested in-kind services from the Parks, Recreation and Open Spaces Department for the June 22-28 , 2014 "Camp FunRise" in an amount not to exceed $1,500.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, "Camp FunRise" is a collaborative project that provides children with arthritis the opportunity to learn about their disease, meet others who share similar health issues and make lasting memoires during a sleep-away camp; and

WHEREAS, the Arthritis Foundation, Florida Chapter, Inc. and Miami Children's Health System Foundation, Inc. are not-for-profit organizations; and

WHEREAS, "Camp FunRise" is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $1,500.00 of the in-kind services shall be funded from the balance of the District 6 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 June 22-28, 2014 "Camp FunRise" event sponsored by the Arthritis Foundation, Florida Chapter, Inc.

and Miami Children's Health System Foundation, Inc. in an amount not to exceed $1,500.00 to be funded from the balance of the District 6 FY 2013-14 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Chairwoman Rebeca Sosa. 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 3rd day of September, 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

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:

Delores Green
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.

1. Full legal name of the requesting organization: Arthritis Foundation, Florida Chapter (AF FL) & Miami Children's Health Foundation (MCHF)

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.):
   Susan Cuellar, VP Mission Delivery Arthritis Foundation FL Chapter
   800-850-9455; fax: 813-968-1119; scuellar@arthritis.org
   Arthritis Foundation FL Chapter, 14499 N Dale Mabry Hwy., Suite 139 Tampa, FL 33618

4. Specify fee waiver or in-kind service requested (quantify, if applicable):
   Fee Waiver $1500 for Camp FunRise rental of AD Barnes Leisure Access Center

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

Camp FunRise June 22 thru 28, 2014; Week long sleep over camp for children ages 8 to 12 with juvenile arthritis.

Camp FunRise is collaborative project between the Arthritis Foundation Florida Chapter, Miami Children's Health Foundation and the Rheumatology Department of Miami Children's Hospital.

This camp provides children with arthritis the opportunity to learn about their disease, meet others who share similar health issues and make lasting memories. Knowing the financial burden arthritis has on the families, Camp FunRise is always free for the campers.

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)):

AD Barnes Leisure Access Center
3401 SW 72nd Ave
Miami, FL 33155

8. Description of regional or local impact:

Florida has approximately 16,000 children under the age of 17 who live daily with arthritis. Camp FunRise is the only camp serving children with juvenile arthritis in the South Florida area. Camp Program focuses on what campers can do, not what they can't do. Campers are able to learn from others who have similar conditions and experiences. The program is designed to increase camper's self-esteem by creating opportunities for them to meet personal challenges, while increasing their disease understanding and management skills. Because of their medical needs, many of these children cannot attend other summer programs.

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

Throughout the week, campers learn about their disease, work on understanding their treatment plans along with fun activities including arts & crafts, sports and nature crafts.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): AD Barnes Leisure Access Center includes two large sleeping cabins, a multi-purpose building which includes a kitchen. The Park also has a Nature Center and swimming pool which we rent for activities.

11. Expected number of participants and estimated attendance (per day, if applicable): 37 total
24 campers, 6 counselors, 3 medical staff, 2 program staff , 2 management staff

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Camp FunRise runs mostly on in-kind donations from MCHF and local business.
AF FL contributes $8000 cash for supplies, food and activties.

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

Susan Cullar
Signature of Authorized Representative

5/9/14
Date

Fee Waiver/In-kind Services Application Check List

Yes 1. Is every item on the application completed?

Yes 2. Is the **Full Legal Name** of the organization listed on the application? Example:

- If the legal name of an organization is "We Fight Cancer One Person At a Time, Inc." that is what the application should state and not simply, "We Fight Cancer".

Yes 3. Is a copy of the non-profit status included with the application? A copy of that information can be downloaded from the Florida Corporation's Website:

http://www.sunbiz.org/corpweb/inquiry/cormenu.html

Yes 4. Are the following items indicated:

1. Type of Event (i.e. special, major, district, or small)
2. Applicant Status
3. Name of the Contact person for the organization
4. Physical Address of the Event
5. Specify the fee waiver or in-kind service requested

N/A 5. Have you included an **event budget** for "Special" and "Major" event types?

Yes 6. Has the authorized organization representative signed the application?

NOTE: ALL QUESTIONS MUST BE ANSWERED. IF ANY INFORMATION IS MISSING, THE APPLICATION WILL NOT BE ACCEPTED.

For OSBM Staff Use Only

____ Complete package received

____ Incomplete package, return to _____ District _____

Reason(s): _____

_____

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

ARTHRITIS FOUNDATION, FLORIDA CHAPTER, INC.

Filing Information

Document Number	702175
FEI/EIN Number	590816892
Date Filed	03/20/1961
State	FL
Status	ACTIVE
Last Event	RESTATED ARTICLES
Event Date Filed	06/02/1992
Event Effective Date	NONE

Principal Address

410 12TH STREET WEST
BRADENTON, FL 34205

Changed: 01/04/2013

Mailing Address

410 12TH STREET WEST
BRADENTON, FL 34205

Changed: 01/04/2013

Registered Agent Name & Address

FORREST, ANNE
410 12TH ST. W.
BRADENTON, FL 34205

Name Changed: 02/24/2003

Address Changed: 01/04/2013

Officer/Director Detail

Name & Address

Title OFF

FORREST, ANNE

9

410 12TH STREET WEST
BRADENTON, FL 34205

Title CH

OLDEN, DENNIS
6212 BAYSHORE BLVD.
APARTMENT E
TAMPA, FL 33611

Title TD

HAGAN, TOM
4677 HADFIELD DRIVE
SARASOTA, FL 34235

Title SD

FASSETT, BRUCE
19165 MURCOTTE DRIVE WEST
FORT MYERS, FL 33912

Annual Reports

Report Year	Filed Date
2012	01/03/2012
2013	01/04/2013
2014	01/07/2014

Document Images

01/07/2014 -- ANNUAL REPORT	View image in PDF format
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State of Florida, Department of State

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC.

Filing Information

Document Number	N12000008380
FEI/EIN Number	46-1784918
Date Filed	08/30/2012
State	FL
Status	ACTIVE
Last Event	AMENDED AND RESTATED ARTICLES
Event Date Filed	01/11/2013
Event Effective Date	NONE

Principal Address

3100 SW 62ND AVE
MIAMI, FL 33155

Mailing Address

3100 SW 62ND AVE
MIAMI, FL 33155

Registered Agent Name & Address

ANDREWS-SINGH, APRIL ESQ
3100 SW 62ND AVE
MIAMI, FL 33155

Officer/Director Detail

Name & Address

Title DIRECTOR

CORNISH, THOMAS
3100 SW 62ND AVE
MIAMI, FL 33155

Title DIRECTOR

MAS, JUAN CARLOS
3100 SW 62ND AVE
MIAMI, FL 33155

Title DIRECTOR

KINI, NARENDRA, MD
3100 SW 62ND AVE
MIAMI, FL 33155

Annual Reports

Report Year	Filed Date
2013	04/22/2013

Document Images

04/22/2013 -- ANNUAL REPORT	View image in PDF format
01/11/2013 -- Amended and Restated Articles	View image in PDF format
08/30/2012 -- Domestic Non-Profit	View image in PDF format

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State of Florida, Department of State

Memorandum

MIAMI-DADE COUNTY

Date: September 3, 2014

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

From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A waiver for in-kind services has been requested by Arthritis Foundation, Florida Chapter Inc. and Miami Children's Health System Foundation, Inc., for their "Camp FunRise" event held on June 22 - 28, 2014.

In-kind services have been requested in an amount not to exceed $1,500 from the Miami Dade Parks, Recreation and Open Spaces Department for the use of A.D. Barnes Park facilities. This event will be funded from the balance of District 6 FY 2013-14 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01450