

MEMORANDUM

Agenda Item No. 3(A)(4)


TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: April 5, 2016

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
for the November 7, 2015
"1st Annual Modello Community
Reunion" sponsored by the
Mothers Against Bullies, Inc.

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



Abigail Price-Williams
County Attorney *jer*

APW/lmp

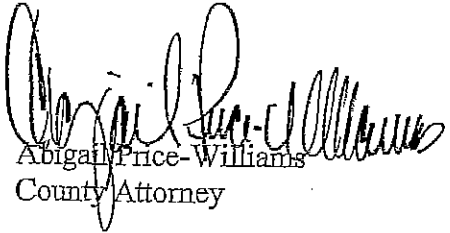


MEMORANDUM

(Revised)

TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: April 5, 2016

FROM: 
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County Attorney

SUBJECT: Agenda Item No. 3(A)(4)

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
- Statement of social equity 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)(4)
4-5-16

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE NOVEMBER 7, 2015 "1ST ANNUAL MODELLO COMMUNITY REUNION" SPONSORED THE MOTHERS AGAINST BULLIES, INC. IN AN AMOUNT NOT TO EXCEED \$650.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, Mothers Against Bullies, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the November 7, 2015 "1st Annual Modello Community Reunion" in an amount not to exceed \$650.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "1st Annual Modello Community Reunion" is to bring the community together by creating a family-friendly atmosphere open to the public featuring, among other things, food, music, and games; and

WHEREAS, the Mothers Against Bullies, Inc. is a not-for-profit organization; and

WHEREAS, the "1st Annual Modello Community Reunion" 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 2015-16 In-Kind Reserve funds,

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 November 7, 2015 "1st Annual Modello Community Reunion" sponsored by the Mothers

Against Bullies, Inc., in an amount not to exceed \$650.00 to be funded from the balance of the District 9 FY 2015-16 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:

Jean Monestime, Chairman	
Esteban L. Bovo, Jr., Vice Chairman	
Bruno A. Barreiro	Daniella Levine Cava
Jose "Pepe" Diaz	Audrey M. Edmonson
Sally A. Heyman	Barbara J. Jordan
Dennis C. Moss	Rebeca Sosa
Sen. Javier D. Souto	Xavier L. Suarez
Juan C. Zapata	

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of April, 2016. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the 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 2008-08

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 Com. Dennis Moss

1. Full legal name of the requesting organization: MOTHERS AGAINST BULLIES

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.):
Abertus P. P. P. (786) 374 4029

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

5. Name, date of event, description, and purpose of the event (If event is a fund-raiser, define the beneficiaries):
MODELLO COMMUNITY REUNION 1st Annual

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)):
MODELLO PARK 28450 SW 152nd ST
HOMESTEAD FL 33032

8. Description of regional or local impact:
BRINGING COMMUNITY TOGETHERNESS
THROUGH FOOD, FUN, MUSIC AND GAMES.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
10am - 12pm SET UP 12 - 1pm LUNCH
1:30pm - 2:00 PM Pool Game, 2pm - 3:30pm GUEST
SPEAKERS & TALKING SHOWCASE, 3:30 - 5pm
FOOTBALL & TICKET BALL GAMES. 5pm. Candle-
light Service.

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

11. Expected number of participants and estimated attendance (per day, if applicable): 200-300pm

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

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

Rene Miller
Signature of Authorized Representative

11/6/15
Date



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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Mothers Against Bullies. Inc.

EQUIPMENT REQUESTED: Stage 16' X 16'

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis C. Moss,
Commision District #9

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

BILLING ADDRESS/ZIP CODE: 1634 NW 6th Avenue Florida City FL 33034

NAME/TITLE OF THE EVENT: Modello Reunion

ADDRESS OF EVENT: Modello Park 28450 SW 152nd Ave Homestead

TODAY'S DATE: 11/06/15 DATE (S) & TIME OF EVENT: 11/07/15

SET-UP TIME & DAY: 8AM 11/07/15

TAKE-DOWN & DAY: 5PM 11/07/15

CONTACT PERSON/PHONE: Aretha Robertson 786-374-4629
AT SITE CONTACT/CELL PHONE#: _____

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: \$650.00 in-kind District #9

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: *Dennis C. Moss*

Commissioner Dennis C. 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



Detail by Entity Name

Florida Not For Profit Corporation

MOTHERS AGAINST BULLIES, INC.

Filing Information

Document Number N06000012835
FEI/EIN Number 51-0622425
Date Filed 12/15/2006
State FL
Status ACTIVE

Principal Address

23548 SW 112 CT.
MIAMI, FL 33032

Changed: 04/19/2009

Mailing Address

23548 SW 112 CT.
MIAMI, FL 33032

Changed: 04/19/2009

Registered Agent Name & Address

MILLER, RENEE
23548 SW 112 CT.
MIAMI, FL 33032

Address Changed: 04/19/2009

Officer/Director Detail

Name & Address

Title Clerk

DUMAS, DREW
10498 SW 177 ST
MIAMI, FL 33157

Title Treasurer

CRUSE, TATIANA
10498 SW 177 ST
MIAMI, FL 33157

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Title Secretary

DUMAS, NEKREIEA
 20516 SW 92ND CT.
 CUTLER BAY, FL 33189

Title D

Brooks, Robert
 23548 sw 112ct
 MIAMI, FL 33032

Title Asst. Treasurer

DONOVAN, DOREEN
 30055 SW 158 CT
 HOMESTEAD, FL 33033

Title CEO

MILLER, RENEE
 23548 SW 112 CT.
 MIAMI, FL 33032

Annual Reports

Report Year	Filed Date
2013	04/29/2013
2014	04/30/2014
2015	04/30/2015

Document Images

04/30/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
04/29/2013 -- ANNUAL REPORT	View image in PDF format
05/01/2012 -- ANNUAL REPORT	View image in PDF format
03/07/2011 -- ANNUAL REPORT	View image in PDF format
04/01/2010 -- ANNUAL REPORT	View image in PDF format
04/19/2009 -- ANNUAL REPORT	View image in PDF format
04/30/2008 -- ANNUAL REPORT	View image in PDF format
04/16/2007 -- ANNUAL REPORT	View image in PDF format
12/15/2006 -- Domestic Non-Profit	View image in PDF format

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Modello Community Reunion Budget

Park Usage	\$260.00
Security	\$1,272.00
Food	\$1,200.00
Music Entertainment	\$200.00
Promotional Material	\$200.00
Awards	\$50.00
Cake	\$100.00
Snowmobile Stage	\$600.00
<small>(Covered by Commissioner Moss)</small>	


Total Cost: \$4,507.00

Memorandum



Date: April 5, 2016

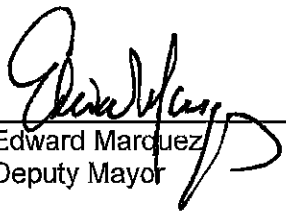
To: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by the Mothers Against Bullies, Inc. for its "1st Annual Modello Community Reunion" event held on November 7, 2015.

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 2015-16 In-Kind Reserve Funds.


Edward Marquez
Deputy Mayor

Inkind01564