

# MEMORANDUM

Agenda Item No. 3(A)(5)

---

**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 October 31, 2015  
"Hallelujah Night" event

---

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



APW/Imp

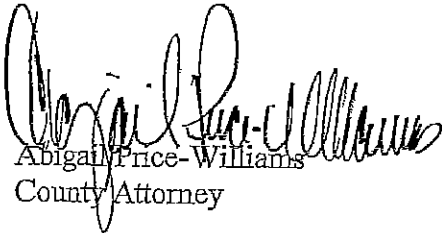


# MEMORANDUM

(Revised)

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

**DATE:** April 5, 2016

**FROM:**   
Abigail Price-Williams  
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
- 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)(5)  
4-5-16

RESOLUTION NO. \_\_\_\_\_

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE OCTOBER 31, 2015 "HALLELUJAH NIGHT" EVENT SPONSORED BY THE SOUTH EAST DADE MINISTERIAL ALLIANCE, 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**, the South East Dade Ministerial Alliance, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the October 31, 2015 "Hallelujah Night" event in an amount not to exceed \$650.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the purpose of the "Hallelujah Night" event is to give children in Homestead and Florida City the opportunity to enjoy Halloween in a safe and positive atmosphere; and

**WHEREAS**, the South East Dade Ministerial Alliance, Inc. is a not-for-profit organization; and

**WHEREAS**, the "Hallelujah Night" event is a district 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 authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the October 31, 2015 "Hallelujah Night" event sponsored by the South East Dade Ministerial Alliance, 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 5<sup>th</sup> 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 2008-09

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 Moss

1. Full legal name of the requesting organization: Second 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.): \_\_\_\_\_

Ruby-e L Mosley - 786-355-1967  
1404 SW 151 Ter  
Miami, FL 33176

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Oct. 31, 2015 - 6p.m. - 10p.m.  
Hallelujah Nite

Our desired goal is to equip our children and the children of the community.

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)): \_\_\_\_\_

Sgt. Joseph Delaney Park  
14450 Boggs Ave.  
Miami, FL 33176

8. Description of regional or local impact: District 9

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

10A.M. - 10p.m.

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

Richmond Hgts

11. Expected number of participants and estimated attendance (per day, if applicable): 3,500

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.

Ruby L. Moody  
Signature of Authorized Representative

10-23-2015  
Date



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

**EQUIPMENT (S) CONFIRMATION FORM**

ORGANIZATION/AGENCY: Second Baptist Church of Richmond Heights, Inc.

EQUIPMENT REQUESTED: Stage 24' X 40'

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

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): \_\_\_\_\_

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

NAME/TITLE OF THE EVENT: Hallelujah Night Second Baptist Church

ADDRESS OF EVENT: 14450 Boggs Drive

TODAY'S DATE: 11/05/15 DATE (S) & TIME OF EVENT: 10/31/15 6PM - 9:30PM

SET-UP TIME & DAY: 10AM 10/31/15

TAKE-DOWN & DAY: 10PM 10/31/15

CONTACT PERSON/PHONE: Vivian Smith 305-491-1741

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: \$790.00 In-kind District #9

\*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: \_\_\_\_\_

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



August 11, 2015

To: Dennis Moss

From: Vivian Smith  
c/o Second Baptist Church  
Richmond Heights, Florida 33176

Re: Mobile Stage

Many churches in the local community have come together to host the annual Hallelujah Night Affair. This event is scheduled for Saturday, October 31, 2015 from ( ) on Richmond Heights Park. Your participation as well as your help with this endeavor would be greatly appreciated.

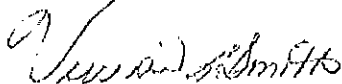
As we begin to make plans for this event, we are requesting the use of a large full show mobile stage that comes with the back drop. We will be providing many activities that will require the use of this

We are excited about this activity and know that it will continue being an Annual Event for the residence of Richmond Heights. Anything that you do 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.

With your help, we can make a difference in the lives our children, our schools, and our community. We look forward to partnering with you in this effort. Thanking you in advance for your consideration and generosity.

If you have any questions or concerns, please feel free to contact Vivian Smith at (smith\_vivian@bellsouth.net or (305)491-1741.

Sincerely,



Budget	Spent Monies	Donations	Noted Vendors
<u>Hallelujah Night 10,000 Budget -</u>			
<u>683.00 = 9317.00 New Budget</u>			
Rides )			
Food	Cost Break Down	Paradise Funeral Home	\$200.00 Fun City
Lights	\$4,828.50	□DC	\$200.00 Park
Candy	\$3,962.55	Margret Reid	\$20.00 Greg Ivey
Park Payments	\$1,087.87	Vines Ministry	\$15.00 Antione Brown.
Fredia (Seniors Food)	\$900.00	Trustee's	\$25.00 ALDI
Pastor Jackson Love offering	\$330.00	Cyndia Clarke	\$20.00 Tika Hill
Antrone Brown	\$125.00	Senoir Ushers	\$27.00 Sunbelt Rentals
ALDI Store	\$150.00	Ruby Mosley	\$20.00 Bolters Meats
Tika Hill	\$1,625.00	Mall Campus (1st) Sun	\$73.00
Total	\$233.00	Mall Campus (2st) Sun	\$139.75
	\$50.00	Mall Campus (3rd) Sun	\$36.00
	\$13,291.92	Community	\$400.00
		Mother's Board	\$15.00
Diane Pruitt Project	Cost Break Down	Favor	\$25.00
MISC	\$500.00	St Peters	\$1,000.00
Spent (PAID)	\$63.45	Male Chorus	\$25.00
Added to Food	(\$436.55)	Intercessors	\$25.00 T Shirts \$233.50
		Kenneth Dove	\$200.00
		Miami Richmond Heights	\$50.00
<u>Police Officers NO change</u>		Excel	\$20.00
		Youth Ushers	\$20.00
		Omegs	\$500.00
		4th Sunday Special	
		collection Main Campus	\$359.00
		Mall Campus	\$500.00
		Superior Married Cell	\$25.00
		Total	\$3,939.75

**FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS****Detail by Entity Name****Florida Not For Profit Corporation**

SOUTH EAST DADE MINISTERIAL ALLIANCE, INC.

**Filing Information**

<b>Document Number</b>	N93000002316
<b>FEI/EIN Number</b>	65-0406560
<b>Date Filed</b>	05/19/1993
<b>State</b>	FL
<b>Status</b>	ACTIVE
<b>Last Event</b>	REINSTATEMENT
<b>Event Date Filed</b>	12/12/2012

**Principal Address**1055 N.W. 6TH AVENUE  
FLORIDA CITY, FL 33034

Changed: 01/07/2009

**Mailing Address**P O BOX 924130  
PRINCETON, FL 33092

Changed: 12/12/2012

**Registered Agent Name & Address**THOMAS, CURTIS REV  
1055 N.W. 6TH AVENUE  
FLORIDA CITY, FL 33034

Name Changed: 04/10/2013

Address Changed: 01/07/2009

**Officer/Director Detail****Name & Address**

Title PD

THOMAS, CURTIS REV.  
1055 NW 6 AVENUE  
FLORIDA CITY, FL 33034

//

## Title VD

HARRIS, IRENE BISHOP  
1238 NW 9th AVENUE  
FLORIDA CITY, FL 33034

## Title TD

SCOTT, WILLIE BISHOP  
14320 SW 104 COURT  
MIAMI, FL 33176

## Title D

BROWN, CHAUNCEY BISHOP  
901 SW 6th STREET  
HOMESTEAD, FL 33030

## Title SD

POPE, SABRINA REV  
606 SW 5th AVENUE  
HOMESTEAD, FL 33030

**Annual Reports**

<b>Report Year</b>	<b>Filed Date</b>
2013	04/10/2013
2014	05/07/2014
2015	04/21/2015

**Document Images**

<a href="#">04/21/2015 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/07/2014 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">04/10/2013 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">12/12/2012 -- REINSTATEMENT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/07/2009 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/31/2008 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/02/2007 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/03/2006 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/09/2005 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">01/30/2004 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">06/19/2003 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">01/27/2003 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/05/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">02/28/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">08/11/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

12

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

### 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.

**1** Name (as shown on your income tax return). Name is required on this form; do not leave this line blank.  
**Second Baptist Church**

**2** Business name/disregarded entity name, if different from above.

**3** Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶  
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts established outside the U.S.)

**5** Address (number, street, and apt. or suite no.)  
**11111 Pinkston Drive**

**6** City, state, and ZIP code  
**Miami, Florida 33176**

**7** List account number(s) here (optional)

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 line 1 to avoid backup withholding. For individuals, this is generally 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

			-			
--	--	--	---	--	--	--

OR

Employer identification number

5	9	-	1	6	1	8	5	2	4
---	---	---	---	---	---	---	---	---	---

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

#### 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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 3.

Sign Here

Signature of U.S. person *[Handwritten Signature]*

Date *11/3/15*

#### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/w9](http://www.irs.gov/w9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reported on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filed-out form, you:

- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

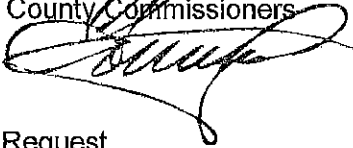
13

# Memorandum



**Date:** April 5, 2016

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


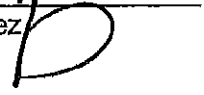
**From:** Carlos A. Gimenez  
Mayor 

**Subject:** District Specific In-Kind Request

---

A retroactive waiver for in-kind services has been requested by the South East Dade Ministerial Alliance, Inc. for its "Hallelujah Night" event held on October 31, 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 

Inkind01563