

MEMORANDUM

Agenda Item No. 3(A)(8)

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

DATE: June 21, 2016

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution authorizing in-kind services from the Parks, Recreation and Open Spaces Department for the July 29 through August 6, 2016 "United Order True Sisters Camp" event sponsored by the Nicklaus Children's Hospital in an amount not to exceed \$2,000.00 to be funded from the balance of the District 6 FY 2015-16 In-Kind Reserve Fund

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



Abigail Price-Williams
County Attorney

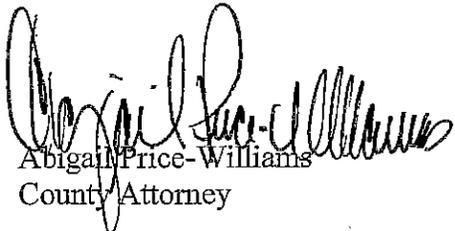
APW/cp



MEMORANDUM
(Revised)

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

DATE: June 21, 2016

FROM: 
Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(8)

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)(8)
6-21-16

RESOLUTION NO. _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE JULY 29 THROUGH AUGUST 6, 2016 "UNITED ORDER TRUE SISTERS CAMP" EVENT SPONSORED BY THE NICKLAUS CHILDREN'S HOSPITAL IN AN AMOUNT NOT TO EXCEED \$2,000.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 6 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, the Nicklaus Children's Hospital has requested in-kind services from the Parks, Recreation and Open Spaces Department for the July 29 through August 6, 2016 "United Order True Sisters Camp" event in an amount not to exceed \$2,000.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "United Order True Sisters Camp" is a sleep away camp for children with cancer who are being treated at Nicklaus Children's Hospital; and

WHEREAS, the Nicklaus Children's Hospital is a not-for-profit organization; and

WHEREAS, the "United Order True Sisters Camp" event is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$2,000.00 of the in-kind services shall be funded from the balance of the District 6 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 July 29 through August 6, 2016 "United Order True Sisters Camp" event sponsored by the Nicklaus Children's Hospital, in an amount not to exceed \$2,000.00 to be funded from the balance of District 6 FY 2015-16 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner 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:

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 21st day of June, 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

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: Nicklaus Children's Hospital/DIVision of Hematology-Oncology/
United Order True Sisters Camp

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.): _____

Athena C. Pefkarou, MD, Camp Director,

Telephone: (305) 662 8360 | Fax: (305) 666 6387

Email: athena.pefkarou@mch.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): The use of A.D Barnes Park facility from 07/29/2016
- 08/06/2016 for the sleep away camp for children w/ cancer treated at NCH. The first day is for preparations
and counselor orientation.

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5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): UOTS Cancer Camp,
07/29/2016- 08/06/2016. This is a sleep-away camp for 34 children, ages 7-17 years, boys and girls. they have cancer and
are treated at NCH. They are accompanied by 4 nurses, 1 child life specialists, 24 counselors,
and 2 doctors (including myself).

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)): District 6.
A.D Barnes Park, 3401 SW 74th Avenue, Miami, FL 33155 - Telephone: (305) 665 5319

8. Description of regional or local impact: It benefits the children with cancer. A week away from the hospital. The chance to enjoy
activities and have therapeutic experiences otherwise impossible to have. They are cared by familiar faces from the hospital.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): The children sleep at the
camp site 4 nights and in Orlando, at Universal Studios, the other 3 nights. The park is the home base close to the hospital
for quick visits for transfusions if needed.

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MIAMI-DADE COUNTY
FEE WAIVER/N-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): N/A

11. Expected number of participants and estimated attendance (per day, if applicable): 34 children, 31 participants
On opening day, approx 200 people for brunch and 120 for closing day and farewell ceremonies.

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

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



Signature of Authorized Representative

Dr. Athena Pefkarou

03/18/2016

Date



Consumer's Certificate of Exemption

DR-14
R. 04/11

Issued Pursuant to Chapter 212, Florida Statutes

85-8012621109C-7	11/30/2013	11/30/2018	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

VARIETY CHILDRENS HOSPITAL
 MIAMI CHILDRENS HOSPITAL
 3100 SW 62ND AVE
 MIAMI FL 33155-3009

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/11

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.



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NICKLAUS CHILDREN'S HOSPITAL

Filing Information

Registration Number G15000020047
Status ACTIVE
Filed Date 02/24/2015
Expiration Date 12/31/2020
Current Owners 1
County MIAMI-DADE
Total Pages 1
Events Filed NONE
FEI/EIN Number 59-0638499

Mailing Address

3100 S.W. 62ND AVENUE
MIAMI, FL 331553009

Owner Information

VARIETY CHILDREN'S HOSPITAL
3100 S.W. 62ND AVENUE
MIAMI, FL 331553009
FEI/EIN Number: 59-0638499
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Memorandum



Date: June 21, 2016

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

From: Carlos A. Gimenez
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez", written over a horizontal line.

Subject: District Specific In-Kind Request

A waiver for in-kind services has been requested by the Nicklaus Children's Hospital for their "United Order True Sisters Camp" event held July 29 through August 6, 2016.

In-kind services have been requested in an amount not to exceed \$2,000.00 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 2015-16 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Edward Marquez", written over a horizontal line.

Edward Marquez
Deputy Mayor

Inkind01622