MEMORANDUM

Agenda Item No. 3(A)(1)

TO:	Honorable Chairman Jean Monestime and Members, Board of County Commissioners	**DATE:**	July 6, 2016
FROM:	Abigail Price-Williams County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services from the Parks, Recreation and Open Spaces Department for the January 16, 2016 "Dr. Martin Luther King Jr. Festival" sponsored by New Visions for South Dade, Inc. in the amount of $1,190.00 to be funded from the balance of District 9 FY 2015-16 In-Kind Reserve Fund

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/smm

MEMORANDUM

(Revised)

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

DATE: July 6, 2016

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(1)

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)(1)
7-6-16

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE JANUARY 16, 2016 "DR. MARTIN LUTHER KING JR. FESTIVAL" SPONSORED BY NEW VISIONS FOR SOUTH DADE, INC. IN THE AMOUNT OF $1,190.00 TO BE FUNDED FROM THE BALANCE OF DISTRICT 9 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, New Visions for South Dade, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the January 16, 2016 "Dr. Martin Luther King Jr. Festival" in an amount not to exceed $1,190.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Dr. Martin Luther King Jr. Festival" is to commemorate the life and work of Dr. Martin Luther King Jr.; and

WHEREAS, the New Visions for South Dade, Inc. is a not-for-profit organization; and

WHEREAS, the "Dr. Martin Luther King Jr. Festival" is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $1,190.00 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 January 16, 2016 "Dr. Martin Luther King Jr. Festival" sponsored by New Visions for South Dade, Inc., in an amount not to exceed $1,190.00 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 6th day of July, 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 C. Moss

1. Full legal name of the requesting organization: New Visions for South Dade Inc.

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.):
   Jeff. Brown 786 868 785
   P.O. Box 343796 Florida City, Fla. 33034

4. Specify fee waiver or in-kind service requested (quantity, if applicable): Fee waiver

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): MLK Parade + Festival Homestead/Florida City

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)): 1125 S.W. 4th St. Homestead, Fla. 33030 + Loren Roberts 623 N.W. 6th Ave Florida City, Fla 33034 Miami Dade County Districts 8 + 9

8. Description of regional or local impact:

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Jan. 16 Loren Roberts hrs: Stage + bleachers 9a.m. Pick up 7p.m. 1.5K generator corner of 6th Ave + 13th Street N.W. Florida City drop off 10:30a.m. Pick-up 2p.m.

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): MLK Parade from SW 11th Ave - 4th St. Homestead, east on 4th St. to 6th Ave, South on 6th Ave into Loren Roberts Park (637 NW 6th Ave) Florida City 33034

11. Expected number of participants and estimated attendance (per day, if applicable): 1,500

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.

Signature of Authorized Representative

01/13/16
Date

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: New Visions for South Dade. Inc.

EQUIPMENT REQUESTED: Stage 24' x 40' and Generator 25kw

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 6th Avenue Florida City FL 33034

NAME/TITLE OF THE EVENT: Florida City Martin Luther King Jr Parade

ADDRESS OF EVENT: Loren Roberts Park 627 NW 6 Ave Florida City

TODAY'S DATE: 1/14/16

DATE (S) & TIME OF EVENT: 01/16/16 12PM to 7PM

SET-UP TIME & DAY: 10AM 01/16/16

TAKE-DOWN & DAY: 8PM 01/16/16

CONTACT PERSON/PHONE: Jeff Brown 786-286-8783

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: $1,190.00 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

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 line; do not leave this line blank.
New Visions for Youth Dade Inc.

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 maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
P.O. Box 343796

Requester's name and address (optional)

6 City, state, and ZIP code
Florida City, Fla. 33034

7 List account number(s) here (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.

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.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
31 - 1624820

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 ▶ Date ▶ 1/14/16

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/fw9*.

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 reportable 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 filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.

Enter Agency's Name

Program Budget

Timeframe: January 15-16, 2016 months

Insert Name of Program	The 2016 MLK Parade/Festival
Requested Funding Amount	

	Cost		Justification
OPERATING EXPENSES:			
Travel (other than participants)			
Travel (participants)	2,000.00		T.A. Hernandez Bus
Meals (Only Applies to a Full Day's Captive Audience)			
Space (rent, utilities, maintenance, etc.)			
Flyers and Programs			Flyers to advertise the events and Programs to inform at the events
Non-Capital Equipment (less than $1,000) (List each)			
Banners		0.00	Banners promoting the event, inducing the cost of hanging the
Mail-outs		0.00	Mail-outs to promote the event
Services/Rentals			
Twilight Movies/Audio and Video Equipment/MLK Movie Night	1,500.00		To successfully present movie night on the park
Sound reinforcement/The 2014 MLK Festival	650.00		Sound equipment used for entertainment presentations 1/18/14
Equipment rental			Rental of tents, tables, chairs, golf carts, 2-way radios, and other
Professional Services (List each)			
Clean-up	600.00		Clean-up for the event 1/18-20/2014
Security	5,000.00		The cost of Homestead/Florida City Police security at all events
Entertainment/Marching Bands			
Catering/Pioneer Ceremony	1,500.00		
Entertainment/Pioneer Ceremony	1,300.00		
Other (List each)			
Advertising			
Portable Toilets (Rented)	600.00		Rented portable toilets to be used at the festival
Barricades			
Waste Bins			
Permits		0.00	
Insurance	1,000.00	0.00	The cost of a $1,000,000 special events insurance policy
TOTAL OPERATING EXPENSES:	**$14,150.00**	**$0.00**	

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Not For Profit Corporation

NEW VISIONS FOR SOUTH DADE INC.

Filing Information

Document Number	N98000004415
FEI/EIN Number	31-1624820
Date Filed	07/28/1998
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	01/14/2014

Principal Address

424 S.W. 11TH AVENUE
HOMESTEAD, FL 33030

Changed: 05/06/2003

Mailing Address

424 S.W. 11TH AVENUE
HOMESTEAD, FL 33030

Changed: 05/06/2003

Registered Agent Name & Address

PRACHER, DOUGLAS J, ESQ
317 NORTH KROME AVENUE
HOMESTEAD, FL 33030

Officer/Director Detail

Name & Address

Title D

BROWN, JEFFREY B
424 S.W. 11TH AVENUE
HOMESTEAD, FL 33030

Title D

BROWN, DARWIN B

1760 WEST MOWRY COURT
HOMESTEAD, FL 33030

Title D

WASHINGTON, LISA
16350 SOUTH WEST 145TH AVENUE
MIAMI, FL 33177

Title D

CLARK, HARCOURT
807 NE 199TH STREET, UNIT 108
MIAMI, FL 33179

Title D

HUNTER, MERCIDES
1400 NW 3RD AVENUE
FLORIDA CITY, FL 33034

Title D

BROWN, VALNECIA D
424 SOUTH WEST 11TH AVENUE
HOMESTEAD, FL 33030

Annual Reports

Report Year	Filed Date
2011	04/29/2011
2012	04/25/2012
2015	04/30/2015

Document Images

04/30/2015 -- ANNUAL REPORT	View image in PDF format
04/25/2012 -- ANNUAL REPORT	View image in PDF format
04/29/2011 -- ANNUAL REPORT	View image in PDF format
04/21/2010 -- ANNUAL REPORT	View image in PDF format
11/18/2009 -- REINSTATEMENT	View image in PDF format
05/09/2008 -- ANNUAL REPORT	View image in PDF format
08/30/2007 -- ANNUAL REPORT	View image in PDF format
09/02/2006 -- ANNUAL REPORT	View image in PDF format
05/02/2005 -- ANNUAL REPORT	View image in PDF format
07/14/2004 -- ANNUAL REPORT	View image in PDF format
05/06/2003 -- ANNUAL REPORT	View image in PDF format
06/19/2002 -- REINSTATEMENT	View image in PDF format
08/02/1999 -- ANNUAL REPORT	View image in PDF format

Memorandum

MIAMI-DADE COUNTY

Date: July 6, 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 New Visions for South Dade, Inc. for its "Dr. Martin Luther King Jr. Festival" event held on January 16, 2016.

In-kind services have been requested in an amount not to exceed $1,190.00 from the Parks, Recreation and Open Spaces Department for the use of a 24' x 40' stage and a 25 kilo-watt generator. This event will be funded from the balance of District 9 FY 2015-16 In-Kind Reserve Funds.

Edward Marquez
Deputy Mayor

Inkind01606