

MEMORANDUM

Agenda Item No. 3(A)(2)

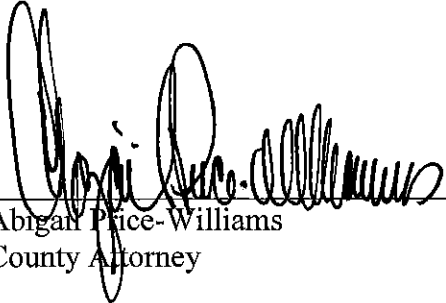
TO: Honorable Chairman Esteban L. Bovo, Jr.
and Members, Board of County Commissioners

DATE: March 7, 2017

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution authorizing in-kind services from the Parks, Recreation and Open Spaces Department for the April 8, 2017 "Dragon Boat Miami 2017" event sponsored by the Save Our Sisters DBT, Inc. in an amount not to exceed \$790.00 to be funded from the balance of the District 4 FY 2016-17 In-Kind Reserve Fund

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Sally A. Heyman.


Abigail Price-Williams
County Attorney

APW/smm

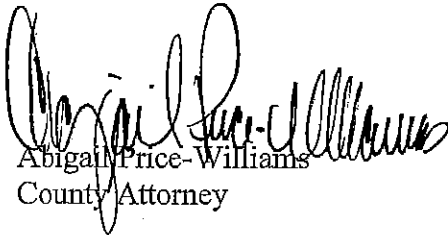


MEMORANDUM

(Revised)

TO: Honorable Chairman Esteban L. Bovo, Jr.
and Members, Board of County Commissioners

DATE: March 7, 2017

FROM: 
Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(2)

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)(2)
3-7-17

RESOLUTION NO. _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE APRIL 8, 2017 “DRAGON BOAT MIAMI 2017” EVENT SPONSORED BY THE SAVE OUR SISTERS DBT, INC. IN AN AMOUNT NOT TO EXCEED \$790.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 4 FY 2016-17 IN-KIND RESERVE FUND

WHEREAS, the Save Our Sisters DBT, Inc. has requested in-kind services from the Parks, Recreation, and Open Spaces Department for the April 8, 2017 “Dragon Boat Miami 2017” event in an amount not to exceed \$790.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the “Dragon Boat Miami 2017” event is to, among other things, bring awareness to breast cancer; and

WHEREAS, the “Dragon Boat Miami 2017” event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$790.00 of the in-kind services shall be funded from the balance of the District 4 FY 2016-17 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 April 8, 2017 “Dragon Boat Miami 2017” event sponsored by the Save Our Sister DBT, Inc. in an amount not to exceed \$790.00 to be funded from the balance of the District 4 FY 2016-17 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Sally A. Heyman. 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:

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

The Chairperson thereupon declared the resolution duly passed and adopted this 7th day of March, 2017. 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:

Office of Management and Budget
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

Commissioner Sally Heyman

1. Full legal name of the requesting organization: SAVE OUR SISTER DBT 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.): _____

Kim BONO MO

7200 SW 108th TERRACE, Miami, FL 33156

KKBONOMO@AOL.COM

305-776-5016

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

Please, waiver fees generated by this
equipment - large stage 24 x 40

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

DRAGON BOAT Miami 2017. April 8 2017
Sports Event: DRAGON Boat Race, in
celebration of all breast cancer team
10th anniversary.

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)): _____

MARINE Stadium Flex PARK & Virginia Key
Basin. 3501 Rickenbacker Causeway, MIAMI

8. Description of regional or local impact: We expect to register 10 teams = 250

Local community + corporate paddler. 5 Youth
division paddler (100) 10 Breast Cancer Survivor
teams = 250 and 10 Premier Competitive teams
We should bring in about 300 room night
& shopping & restaurants

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

Friday: 4/7 set up 12 noon to 8:00 PM
Saturday: 4/8 races from 8:00 AM - 4:00
Saturday 4/8 Breakdown 4:00 - 8:00 PM.

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

11. Expected number of participants and estimated attendance (per day, if applicable): 700-800 Athletes + 200-300 spectators

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

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

Kathryn Kim Bonomo
Signature of Authorized Representative
Founding President/Director
Save Our Sisters

July 27 2016
Date



**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 226-8315 Ext. 224/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: SAVE OUR SISTER DBT INC.

EQUIPMENT REQUESTED: 24x40 Large Stage

NAME OF PERSON RESPONSIBLE FOR THIS BILL: K. Kim Bonomo
for SAVE OUR SISTERS

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

BILLING ADDRESS/ZIP CODE: 7200 S.W. 108TH TERRACE
MIAMI, FL 33156

NAME/TITLE OF THE EVENT: Dragon Boat Miami 2017

ADDRESS OF EVENT: MARINE STADIUM - FLEX PARK

TODAY'S DATE: 7/27/16 DATE (S) & TIME OF EVENT: Sat April 8 - 7:00AM - 4:00

SET-UP TIME & DAY: Fri April 7 - 1:00pm

TAKE-DOWN & DAY: Sat April 8 5:00pm

CONTACT PERSON/PHONE: Kim Bonomo 305-776-5016
AT SITE CONTACT/CELL PHONE#: Additional - ADRIANA - 786-252-9920

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.
SEE DIAGRAM

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
*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: Kim Bonomo
SAVE OUR SISTER, Director

Agency/Group: _____

**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

Budget

SOS 10th anniversary: Dragon Boat Miami 2017, presented by Save Our Sisters in celebration of their 10th anniversary

April 8, 2017 2017

Miami Rowing Club + MARINE STADIUM

35 teams = 800-900 participants

INCOME

10 Bcs. (\$500) [SOS free=9 x's \$500]	\$4,500
10 corporate (2 free city) \$1,000	\$8,000
5 youth \$800 [grant from Childrens' Trust]	\$10,000
8 premier Teams \$800	\$6,400

\$28,900 Registration

\$4,100 silent auction

\$2,000 parking revenue

\$5,000 Vendors/sponsors

\$40,000

\$40,000 with \$40,600 in expenses

EXPENSES

Tents [37 [10x10's]	\$5,000
Permits	\$500
Security	\$1,000
Marine patrol	\$2,000
Venue [parking and?]	\$3,000
City parking guys	\$500
Dragon boat [Pan Am]	\$8,000

Budget Page 2

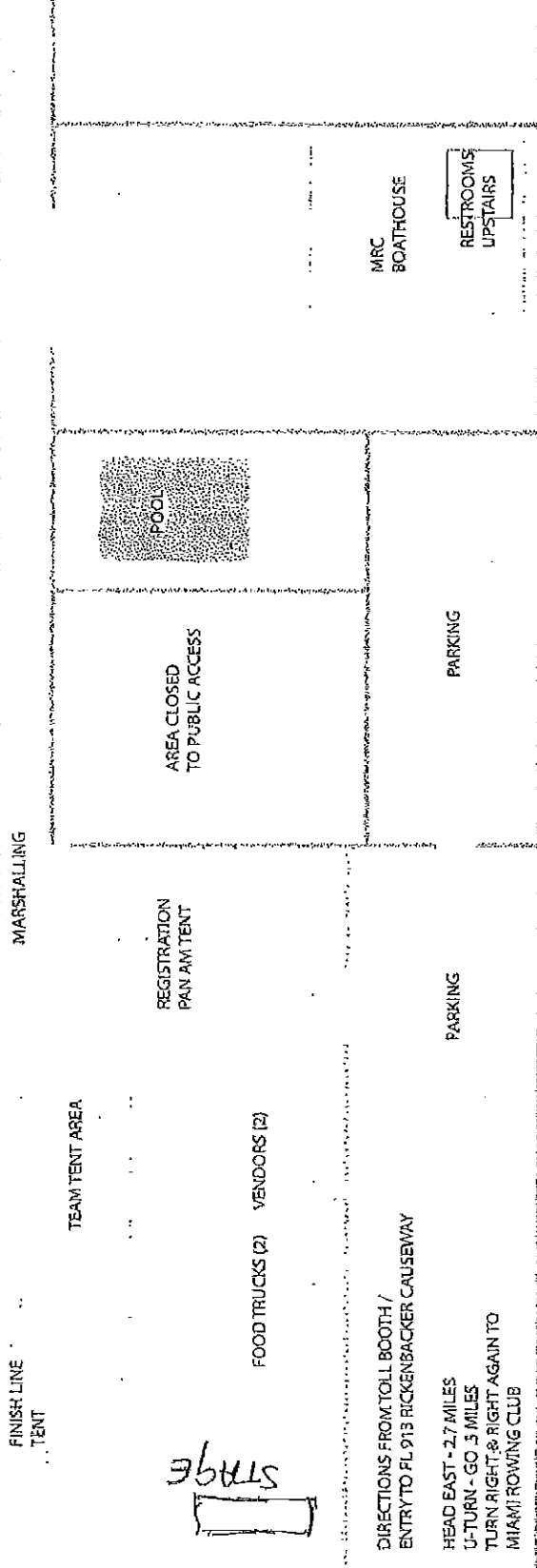
Official coordinator [Raul]	\$200
Administration/registrar	\$2,000
Dragon Boat Officials	\$500
Sound equipment	\$500
Announcer & DJ	\$500
Signage [tent signs at \$20ea]	\$700
Media/Marketing	\$500
Bus service BCS BCS and youth	\$1,000
T-shirts youth	\$800
Youth Program coordinator	\$1,000
Hospitality Youth Tent. [food 10x's\$10]	\$1,000
EMT by Fire Depart discount team registration	\$300
Awards [\$350 per 4 division, 75 medals per & 1 trophy]	\$2,000
Insurance	\$2,000
Clean Up Crew	\$600
Bathrooms	\$2,000
City of Miami Pass Thru %	\$5,000
Expenses	\$40,600

APRIL 8, 2017
 7:00am - 4:00pm
 MIAMI ROWING CLUB
 3601 RICKENBACKER CAUSEWAY
 KEY BISCAYNE, FL 33149



LOADING DOCK

LOADING DOCK



STAGE

DIRECTIONS FROM TOLL BOOTH / ENTRY TO FL 913 RICKENBACKER CAUSEWAY

HEAD EAST - 2.7 MILES
 U-TURN - GO 3 MILES
 TURN RIGHT & RIGHT AGAIN TO MIAMI ROWING CLUB

WEST TO TOLL PLAZA

//

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **MAR 05 2009**

SAVE OUR SISTERS DBT INC
C/O K KIM BONOMO
7200 SW 108TH TER
MIAMI, FL 33156

Employer Identification Number:
37-1571296
DLN:
17053021314009
Contact Person:
CHRIS BROWN ID# 31503
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
July 28, 2008
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2054, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

1-800-HELP-FLA 435-73521
www.800helpfla.com
www.freshfromflorida.com



DIVISION OF CONSUMER SERVICES
2655 APALACHEE PKWY
TALLAHASSEE FL 32399-6500

FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

November 23, 2015

Refer To: CH31112

SAVE OUR SISTERS DBT, INC.
7200 SW 108TH TER
MIAMI, FL 33156-3852

RE: SAVE OUR SISTERS DBT, INC.
REGISTRATION#: CH31112
EXPIRATION DATE: October 27, 2016

Dear Sir or Madam:

The above-named organization sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Christy Johnson

Christy Johnson

Consultant

850-410-3680

Fax: 850-410-3804

E-mail: christy.johnson@freshfromflorida.com

Memorandum



Date: March 7, 2017

To: Honorable Chairman Esteban L. Bovo, Jr.
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez". The signature is written in a cursive, flowing style with a large, sweeping flourish at the end.

Subject: District Specific In-Kind Request

A waiver for in-kind services has been requested by the Save our Sisters DBT, Inc. for its "Dragon Boat Miami 2017" event to be held on April 8, 2017.

In-kind services have been requested in an amount not to exceed \$790.00 from the Parks, Recreation, and Open Spaces Department contributing towards the utilization of a 24' x 40' stage. This event will be funded from the balance of District 4 FY 2016-17 In-Kind Reserve Funds.

A handwritten signature in black ink, appearing to read "Edward Marquez". The signature is written in a cursive, flowing style with a large, sweeping flourish at the end.

Edward Marquez
Deputy Mayor

Inkind01702