

# MEMORANDUM

Agenda Item No. 3(A)(3)

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

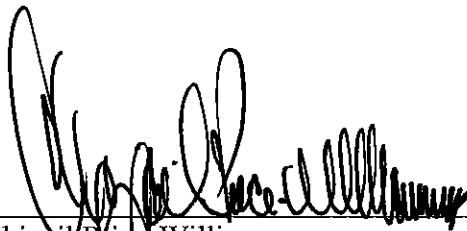
**DATE:** November 7, 2017

**FROM:** Abigail Price-Williams  
County Attorney

**SUBJECT:** Resolution retroactively authorizing in-kind services from the Miami-Dade Police Department for the July 22, 2017 "Goulds Reunion" sponsored by Heal "A" Heart, Inc. in the amount of \$2,440.50 to be funded from the balance of the District 9 FY 2016-17 In-Kind Reserve Fund

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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 Esteban L. Bovo, Jr.  
and Members, Board of County Commissioners

**DATE:** November 7, 2017

**FROM:** Abigail Price-Williams  
County Attorney

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

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)(3)

11-7-17

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

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT FOR THE JULY 22, 2017 "GOULDS REUNION" SPONSORED BY HEAL "A" HEART, INC. IN THE AMOUNT OF \$2,440.50 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2016-17 IN-KIND RESERVE FUND

**WHEREAS**, Heal "A" Heart, Inc. has requested in-kind services from the Miami-Dade Police Department for the July 22, 2017 "Goulds Reunion" in the amount of \$2,440.50 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the "Goulds Reunion" is a family-friendly celebration of the community in the Goulds area; and

**WHEREAS**, the Heal "A" Heart, Inc. is a not-for-profit organization; and

**WHEREAS**, the "Goulds Reunion" event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$2,440.50 of the in-kind services shall be funded from the balance of the District 9 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 retroactively authorizes in-kind services from the Miami-Dade Police Department for the July 22, 2017 "Goulds Reunion" event sponsored by Heal "A" Heart, Inc. in the amount of \$2,440.50 to be funded from the balance of the District 9 FY 2016-17 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:

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 7<sup>th</sup> day of November, 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  
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) 375-6168

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 Moss

1. Full legal name of the requesting organization:

Heart - A - Heart 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.):

Channon Florence  
26290 SW 136th Place  
Homestead, FL 33032  
(786)-203-4795

Tracy Walker  
11421 SW 225th  
Miami, FL 33170  
305-992-2114

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): Could's Reunion  
July 22, 2017. We the community of Could's are making  
an effort to have a family fun get together. We have  
put together plans for a fantastic day for the  
residence and children who live in the community.  
Everything is donated

6. Please select ALL that apply to event:

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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)): Could's Park  
11350 SW 216th St Miami, FL 33170

8. Description of regional or local impact: The impact this reunion has on our  
community is that we come together to show our  
youth the we as a unit can work together and  
help with the crime in our area, learn to  
love each other and put the guns down.

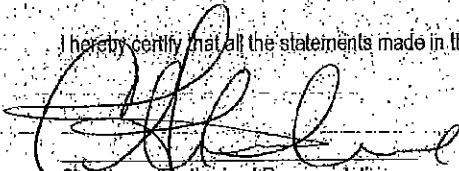
9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Set-up time  
11:00am Event Time: 12pm - 6pm  
Break Down 5:30pm

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

11. Expected number of participants and estimated attendance (per day, if applicable): 300 - 500 people

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

7/18/2017  
Date

st

Old Building

Parking  
lot

locked

EMERGENCY  
ASSET ROAD

THE  
HOLE

Goolds Park

ely

locked

11350 SW 216  
Miami, FL 33170

216 st

8





# INVOICE (Pro Forma)

**Miami - Dade Police Department**

INVOICE # T-16854  
DATE: JULY 12, 2017

**Fiscal Administration Bureau  
Off-Duty Police Unit  
9105 NW 25 Street, Suite 3049  
Doral, Florida 33172  
Phone 305-471-2520 Fax 305-471-2996  
fnodp@mdpd.com**

TO: Tracy Walker  
11421 SW 225 ST  
Goulds, FL 33170

ACCOUNT NUMBER T-16854

SERVICE DATE	JOB TITLE	PAYMENT TERMS	DUE DATE
7/22/2017	Tracy Walker	Due Immediately	

DATE	HOURS	DESCRIPTION	HOURLY COST	LINE TOTAL
7/22/2017	42	(7) Officer from 1200pm-600pm	46.50	1953.00
	48	(8) marked vehicle from 1200pm-600pm	4.00	192.00
	6	(1) Sergeant from 1200pm-600pm	49.25	295.50
				2440.50

This is a pro-forma invoice. Amounts may vary after the services are rendered depending on the amount of officer(s) and the length of time required to complete the job.

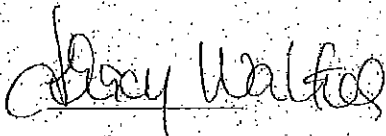
June 21, 2017

Dear Commissioner Moss:

In a continued effort to promote positive community involvement, we the community of Goulds are making an effort to have a family fun get together, that will be held Saturday July 22, 2017. The get together will be held at Goulds Park. I have met with you for the last couple of years and we have been able to discuss issues and concerns, as well as suggestions to help combat crime in our neighborhood. I am again coming to you to ask for your support. The committee and I have put together plans for a fantastic day for the residence and children who live in the community. The problem that we are facing now is having adequate police presence. Therefore, the committee and I are asking you to sponsor police protection for this event.

Your continued assistance is greatly appreciated. I can be contacted at 305-992-2114.

Sincerely,



Tracy Walker  
11421 SW 225<sup>th</sup> St.  
Goulds, FL 33170



Department of State / Division of Corporations / Search Records / Detail By Document Number /

**Detail by Entity Name**

Florida Not For Profit Corporation  
HEAL "A" HEART, INC

**Filing Information**

**Document Number** N14000007394  
**FEI/EIN Number** 47-1568363  
**Date Filed** 08/06/2014  
**State** FL  
**Status** ACTIVE  
**Last Event** AMENDMENT AND NAME CHANGE  
**Event Date Filed** 11/05/2014  
**Event Effective Date** NONE

**Principal Address**

26290 SW 136TH PLACE  
 C/O CHANWON FLORENCE  
 HOMESTEAD, FL 33032

Changed: 11/05/2014

**Mailing Address**

26290 SW 136TH PLACE  
 C/O CHANWON FLORENCE  
 HOMESTEAD, FL 33032

Changed: 11/05/2014

**Registered Agent Name & Address**

FLORENCE, CHANWON  
 26290 SW 136TH PLACE  
 HOMESTEAD, FL 33032

Name Changed: 11/05/2014

Address Changed: 11/05/2014

**Officer/Director Detail**

**Name & Address**

Title PCEO

FLORENCE, CHANWON

26290 SW 136 PLACE  
HOMESTEAD, FL 33032

Title VPC

FLORENCE, JILLIAN  
26290 SW 136TH PL  
HOMESTEAD, FL 33032

Title S

DUKES, JILL  
14001 NW 4TH ST APT 307  
PEMBROKE PINES, FL 33028

Title T

FLORENCE, CHANNEKA  
14025 SW 262 LANE APT2  
HOMESTEAD, FL 33032

**Annual Reports**

Report Year	Filed Date
2015	06/08/2015
2016	03/30/2016
2017	05/01/2017

**Document Images**

05/01/2017 -- ANNUAL REPORT

[View image in PDF format](#)

03/30/2016 -- ANNUAL REPORT

[View image in PDF format](#)

06/08/2015 -- ANNUAL REPORT

[View image in PDF format](#)

11/05/2014 -- Amendment and Name Change

[View image in PDF format](#)

08/08/2014 -- Domestic Non-Profit

[View image in PDF format](#)

**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.

Name <b>Chanwon Florence</b>	
Business name, if different from above <b>Heat-A-Heat Inc.</b>	
Check appropriate box: <input checked="" type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other	<input type="checkbox"/> Exempt from backup withholding
Address (number, street, and apt. or suite no.) <b>26290 SW 136th Place</b>	Requester's name and address (optional)
City, state, and ZIP code <b>HOMESTEAD, FL 33082</b>	
List account number(s) here (optional)	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. For individuals, this is 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 chart on page 4 for guidelines on whose number to enter.

Social security number
or
Employer identification number
47-156831013

**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. person (including a U.S. resident alien).

**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 4.)

<b>Sign Here</b>	Signature of U.S. person	Date <b>7/18/2017</b>
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**Purpose of Form**

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

**U.S. person.** Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 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.

**Note:** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Foreign person.** If you are a foreign person, use the appropriate Form W-8 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.**

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:


- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

# Memorandum



**Date:** November 7, 2017

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

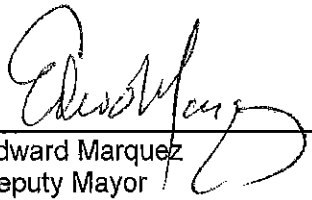
**From:** Carlos A. Gimenez  
Mayor 

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

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A retroactive waiver for in-kind services has been requested by Heal "A" Heart, Inc. for the "Goulds Reunion" event which was held on July 22, 2017.

In-kind services have been requested from the Miami-Dade Police Department in an amount not to exceed \$2,440.50 for the use of police services. This event will be funded from the balance of District 9 FY 2016-17 In-Kind Reserve Fund.

  
Edward Marquez  
Deputy Mayor

Inkind01725