

# MEMORANDUM

Agenda Item No. 3(A)(5)

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

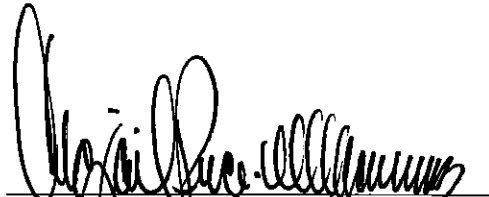
**DATE:** April 10, 2018

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

**SUBJECT:** Resolution retroactively authorizing in-kind services from the Parks, Recreation and Open Spaces Department for the December 17, 2017 "Toy Drive" sponsored by Youth Community Help Services, Inc. in an amount not to exceed \$1,750.00 to be funded from the balance of the District 9 FY 2017-18 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:** April 10, 2018

**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)

4-10-18

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

**RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE DECEMBER 17, 2017 “TOY DRIVE” SPONSORED BY YOUTH COMMUNITY HELP SERVICES, INC. IN AN AMOUNT NOT TO EXCEED \$1,750.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2017-18 IN-KIND RESERVE FUND**

**WHEREAS**, the Youth Community Help Services, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the December 17, 2017 “Toy Drive” event in an amount not to exceed \$1,750.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the “Toy Drive” event will bring children from the community together and celebrate the holidays; and

**WHEREAS**, Youth Community Help Services, Inc. is a not-for-profit organization; and

**WHEREAS**, the “Toy Drive” event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$1,750.00 of the in-kind services shall be funded from the balance of the District 9 FY 2017-18 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 December 17, 2017 “Toy Drive” event sponsored by Youth Community Help Services, Inc. in an amount not to exceed \$1,750.00 to be funded from the balance of the District 9 FY 2017-18 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 10<sup>th</sup> day of April, 2018. 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. 1<sup>st</sup> 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:

*Youth Community Help Services, 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.):

*Angela Lee 816 NW 11st Miami FL 33136*

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

*Shore mobile stage, Generator Benches for stage*

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

Trick Luv - DA Kids Foundation

Date: Sunday Dec 17<sup>th</sup> 2017

Gould Park 10-AM - 5PM

6. Please select ALL that apply to event:

<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

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

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

1135 S.W. 216 Street Miami FL 33170

8. Description of regional or local impact: \_\_\_\_\_

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

8 AM - 12 PM

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): N/A

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

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): 10,000.00

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

Angela Lee  
Signature of Authorized Representative

11/9/2012  
Date



**SHOWMOBILES, STAGES, BLEACHERS,  
AND SOUND PRODUCTION**  
**(305) 226-8315 Ext. 4/(305) 553-8511 (Fax)**

**EQUIPMENT (S) CONFIRMATION FORM**

ORGANIZATION/AGENCY: Youth Community Help Services, Inc.

EQUIPMENT REQUESTED: Showmobile Large

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

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

BILLING ADDRESS/ZIP CODE: 1634 NW 6 Ave Florida City, FL 33034

NAME/TITLE OF THE EVENT: Trick Luv Da Kids

ADDRESS OF EVENT: Goulds Park

TODAY'S DATE: 11/09/17

DATE (S) & TIME OF EVENT: 12/17/17 10AM - 5PM

SET-UP TIME & DAY: 8AM 12/17/17

TAKE-DOWN & DAY: 6PM 12/17/17

CONTACT PERSON/PHONE: Angie Lee 786-877-3007/Victor Jenkins 305-389-7554

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 also understand that the total fee is to be remitted (15) fifteen working days before the event.

\*Fee: \$1,750.00 In-kind District #9

\*(SEE FEE SCHEDULE FOR EXACT CHARGES)

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

Commissioner Dennis 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





[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

## **Detail by Entity Name**

Florida Not For Profit Corporation

YOUTH COMMUNITY HELP SERVICES, INC.

### **Filing Information**

Document Number N04000003789  
FEI/EIN Number 20-1034402  
Date Filed 04/14/2004  
State FL  
Status ACTIVE  
Last Event AMENDMENT  
Event Date Filed 09/17/2012  
Event Effective Date NONE

### **Principal Address**

816 NW 11 ST  
#302  
MIAMI, FL 33136

Changed: 08/07/2006

### **Mailing Address**

PO BOX 013542  
MIAMI, FL 33101

Changed: 05/28/2010

### **Registered Agent Name & Address**

LEE, ANGELA  
816 NW 11TH STREET  
302  
MIAMI, FL 33136

Name Changed: 09/17/2007

Address Changed: 09/17/2007

### **Officer/Director Detail**

#### **Name & Address**

Title VP

POTTINGER, DALE C

20110 NE 3RD CT., #6  
MIAMI, FL 33179

Title P

LEE, ANGELA  
816 NW 11TH STREET, UNIT 302  
MIAMI, FL 33136

Title S

FELIZZOLA, JESUS DR  
8336 NE 3RD AVE  
MIAMI, FL 33138

#### Annual Reports

Report Year	Filed Date
2015	04/21/2015
2016	01/31/2016
2017	01/08/2017

#### Document Images

<u>01/08/2017 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>01/31/2016 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>04/21/2015 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>01/12/2014 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>03/27/2013 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>09/17/2012 -- Amendment</u>	<a href="#">View image in PDF format</a>
<u>02/12/2012 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>04/21/2011 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>05/28/2010 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>05/18/2009 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>07/14/2008 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>09/17/2007 -- REINSTATEMENT</u>	<a href="#">View image in PDF format</a>
<u>08/07/2006 -- REINSTATEMENT</u>	<a href="#">View image in PDF format</a>
<u>04/14/2004 -- Domestic Non-Profit</u>	<a href="#">View image in PDF format</a>

## Request for Taxpayer Identification Number and Certification

Give Form to the  
requester. Do not  
send to the IRS.

**Name (as shown on your income tax return)**  
YOUTH Community Help Services Inc

**Business name/disregarded entity name, if different from above**  
YOUTH Community Help Service

**Check appropriate box for federal tax classification (required):** ☐ Individual/sole proprietor ☒ Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

**Address (number, street, and apt. or suite no.)**  
P.O. BOX 013542

**City, state, and ZIP code**  
MIAMI FLA 33101

**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 the "Name" line to avoid backup withholding. 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.

**Social security number**

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**Employer identification number**

2	0	3	4
9	0	2	2

**Note.** If the account is in more than one name, see 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).

**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.

**Sign Here** **Signature of U.S. person** Angela Lee **Date** 11/04/2017

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### 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.

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:

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.

**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.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).


**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

# Memorandum



**Date:** April 10, 2018

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

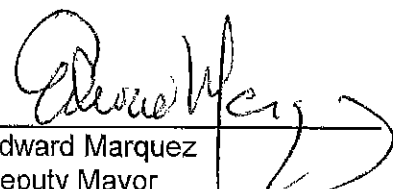
**From:** Carlos A. Gimenez  
Mayor 

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

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A retroactive waiver for in-kind services has been requested by the Youth Community Help Services, Inc. for their "Toy Drive" event held on December 17, 2017.

In-kind services have been requested in an amount not to exceed \$1,750.00 from the Parks, Recreation, and Open Spaces Department contributing towards the utilization of a large showmobile. This event will be funded from the balance of District 9 FY 2017-18 In-Kind Reserve Funds.

  
Edward Marquez  
Deputy Mayor

Inkind01743