

MEMORANDUM

Agenda Item No. 3(A)(8)

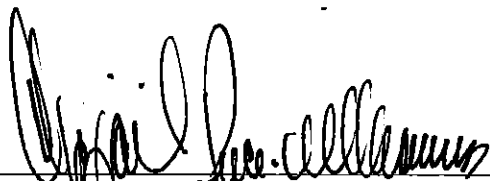
TO: Honorable Chairman Esteban L. Bovo, Jr.
and Members, Board of County Commissioners

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 October 7, 2017 "HOPE4LYFE 3/5k Run/Walk Breast Cancer Awareness" event sponsored by Images & Beyond, Inc. on behalf of Community Health of South Florida, Inc. in an amount not to exceed \$650.00 to be funded from the balance of the District 7 FY 2017-18 In-Kind Reserve Fund

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Xavier L. Suarez.



Abigail Price-Williams
County Attorney

APW/lmp

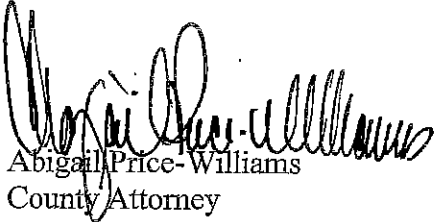


MEMORANDUM

(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)(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)
4-10-18

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT FOR THE OCTOBER 7, 2017 "HOPE4LYFE 3/5K RUN/WALK BREAST CANCER AWARENESS" EVENT SPONSORED BY IMAGES & BEYOND, INC. ON BEHALF OF COMMUNITY HEALTH OF SOUTH FLORIDA, INC. IN AN AMOUNT NOT TO EXCEED \$650.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 7 FY 2017-18 IN-KIND RESERVE FUND

WHEREAS, Images & Beyond, Inc., on behalf of Community Health of South Florida, Inc., has requested in-kind services from the Parks, Recreation, and Open Spaces Department for the October 7, 2017 "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" event in an amount not to exceed \$650.00; and

WHEREAS, the purpose of the "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" event is to raise awareness and funding for breast cancer; and

WHEREAS, Images & Beyond, Inc. and Community Health of South Florida, Inc. are working in unison to bring the event to the area; and

WHEREAS, the "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$650.00 of the in-kind services shall be funded from the balance of the District 7 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 October 7, 2017 "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" event sponsored by

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Images & Beyond, Inc., on behalf of Community Health of South Florida, Inc., in an amount not to exceed \$650.00 to be funded from the balance of the District 7 FY 2017-18 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Xavier L. Suarez. 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 10th 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

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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 Xavier L. Suarez

1. Full legal name of the requesting organization:

Hope 4 LYFE

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 Roberts-Oliver

10918 SW 184 st

Miami, FL 33157 chicksnwings.ceo@gmail.com

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

stage setup,
generator, audio sound, tech,

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

Hope 4 LYFE

October 7, 2017 - Saturday

Purpose - to raise awareness and funding for the greater cause of man-kind. Bringing the community together for family fun in support of breast cancer.

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 7

8. Description of regional or local impact: Bringing awareness to the community about Breast Cancer. Family and community involvement for everyone. Walking to save a life by donating towards the Breast Cancer cause

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

4:30 am (set up), 5:30 - 7:00 (registration), 7:30 - 9:30 (walk), 10:00 - 11:00 (acknowledgement), 11:30 - 1:00 (music, vendor (food), informative breast cancer information, vendor (for profit) sales; 1:00 - 2:00 (breakdown)

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): please see attached map

11. Expected number of participants and estimated attendance (per day, if applicable): 500 to 800

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

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


Signature of Authorized Representative

8/10/17
Date

Special Event Expenditures 2017

Preliminary Budget

| Expenditure | Amount |
|--|-----------------|
| Photo | 300.00 |
| Free Standing Lights (Poe's Rental) | 600.00 |
| Sound System and DJ & event Tents | 600.00 |
| Vendors; (tents, chairs, tables, table cloth) | 1,200.00 |
| Marketing & Advertisement & Administrative | 1,700.00 |
| Street & Pole Banners Cones Directional /signs | 884.00 |
| Free Standing Lights (Poe's Rental) | 642.20 |
| Police \$40.00 & Hour | 1,000.00 |
| Directional Sign (Acme Barricades) | 300.00 |
| Tent Bounce House | 375.00 |
| Event Kick off & Show Mobile | 1,200.00 |
| Show Mobile | 700.00 |
| Porta Johns | 450.00 |
| Expenditures | Total |
| | 9,951.20 |

Every fundraising event plan should contain a complete budget listing all of the expenses that

In-kind donations (such as tee-shirts, beverages, snacks, sunscreen, and/or signage)

- Sponsorships with varied levels of financial support (such as starting line or finishing line signs)
- Develop sponsorship levels corresponding to sponsorship size. Select race related names for

Determine the fundraising components of the event.

- Live, Online
- Corporate Sponsorship
- Individual Donor Gifts
- Ticket Sales
- Registration Fees/Fundraising Minimums

Budget: items

Show Mobile

Included in Preliminary Budget

Site-Plan

Included in Preliminary Budget -Adm

| | |
|---|-------------------------------------|
| Parking | |
| Administrative work | Included in Preliminary Budget -Adr |
| Walking route 3k-5k | |
| Vendors; (tents, chairs, tables, table cloth) | Included In Preliminary Budget |
| T-shirts | Included in Preliminary Budget -Adr |
| Volunteers | |
| Maintenance of web page; on-line registration | Included in Preliminary Budget -Ma |
| Registration | Included in Preliminary Budget -Adr |
| Identifying Celebrity Co-Chair | |
| Marketing/Promotions | Included in Preliminary Budget |
| Kick-off Activity | Included in Preliminary Budget |
| Barricades | Included in Preliminary Budget |
| Police / Fire-Rescue | Included in Preliminary Budget |
| Application | Included in Preliminary Budget -Ma |
| Porta Johns | Included In Preliminary Budget |





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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Chicks N Wings

EQUIPMENT REQUESTED: Stage 16' x 16'

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Xavier L. Suarez
District #7

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

BILLING ADDRESS/ZIP CODE: 111 NW 1st Street Suite 220 Miami, FL 33128

NAME/TITLE OF THE EVENT: Hope 4 LYFE Cancer Awareness

ADDRESS OF EVENT: 5800 SW 66th Street Miami, FL

TODAY'S DATE: 09/18/17

DATE (S) & TIME OF EVENT: 10/07/17

SET-UP TIME & DAY: 10/07/17 4:30AM

TAKE-DOWN TIME & DAY: 10/07/17 3:00 PM

CONTACT PERSON/PHONE: Angela Roberts-Oliver 305-972-0701

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 outlined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

*Fee: \$650.00 in kind District #7

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: _____

Angela Roberts-Oliver

Agency/Group: Chicks N Wings

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED**

1/2 (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 Profit Corporation
IMAGES & BEYOND, INC.

Filing Information

Document Number P00000060200
FEI/EIN Number 65-1015547
Date Filed 06/21/2000
State FL
Status ACTIVE
Last Event REINSTATEMENT
Event Date Filed 01/19/2011

Principal Address

10918 SW 184TH STREET
MIAMI, FL 33157

Changed: 12/07/2007

Mailing Address

10918 SW 184TH STREET
MIAMI, FL 33157

Changed: 12/07/2007

Registered Agent Name & Address

ROBERTS, ANGELA OWNER
10918 SW 184TH STREET
MIAMI, FL 33157

Name Changed: 12/07/2007

Address Changed: 07/25/2006

Officer/Director Detail

Name & Address

Title CEO

ROBERTS, ANGELA
10918 SW 184TH STREET
MIAMI, FL 33157

Title Asst. Treasurer

Rowe, Janieya M
10918 SW 184TH STREET
MIAMI, FL 33157

Title Secretary

McNeil, Kristian Eartha
10918 SW 184TH STREET
MIAMI, FL 33157

Annual Reports

| Report Year | Filed Date |
|-------------|------------|
| 2015 | 02/28/2015 |
| 2016 | 07/16/2016 |
| 2017 | 04/09/2017 |

Document Images


| | |
|---|--|
| 04/09/2017 -- ANNUAL REPORT | View Image in PDF format |
| 07/16/2016 -- ANNUAL REPORT | View Image in PDF format |
| 02/28/2015 -- ANNUAL REPORT | View Image in PDF format |
| 03/12/2014 -- ANNUAL REPORT | View Image in PDF format |
| 01/14/2013 -- ANNUAL REPORT | View Image in PDF format |
| 05/21/2012 -- ANNUAL REPORT | View Image in PDF format |
| 01/19/2011 -- REINSTATEMENT | View Image in PDF format |
| 04/13/2009 -- ANNUAL REPORT | View Image in PDF format |
| 06/03/2008 -- ANNUAL REPORT | View Image in PDF format |
| 12/07/2007 -- REINSTATEMENT | View Image in PDF format |
| 12/11/2006 -- Amendment | View Image in PDF format |
| 07/25/2006 -- ANNUAL REPORT | View Image in PDF format |
| 05/02/2005 -- ANNUAL REPORT | View Image in PDF format |
| 04/29/2004 -- ANNUAL REPORT | View Image in PDF format |
| 05/05/2003 -- ANNUAL REPORT | View Image in PDF format |
| 05/14/2002 -- ANNUAL REPORT | View Image in PDF format |
| 09/14/2001 -- ANNUAL REPORT | View Image in PDF format |
| 06/21/2000 -- Domestic Profit | View Image in PDF format |

Memorandum

MIAMI-DADE
COUNTY

Date: April 10, 2018

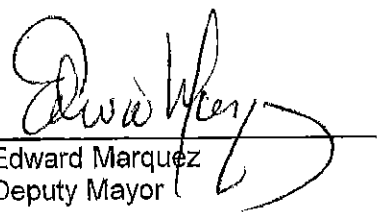
To: Honorable Chairman Esteban L. Bovo, Jr.
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by the Images & Beyond, Inc. on behalf of Community Health of South Florida, Inc. for their "HOPE4LYFE 3/5K Run/Walk Breast Cancer Awareness" event held on October 7, 2017.

In-kind services have been requested in an amount not to exceed \$650.00 from the Parks, Recreation, and Open Spaces Department contributing towards the utilization of a 16' x 16' stage. This event will be funded from the balance of District 7 FY 2017-18 In-Kind Reserve Funds.


Edward Marquez
Deputy Mayor

Inkind01746