Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(28)
03-06-07

OFFICIAL FILE COPY
CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

RESOLUTION NO. R-289-07

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE NOVEMBER 10-12, 2006 AND JANUARY 26-28, 2007 SEMINARS FOR SUBSTANCE ABUSE RECOVERY, AND AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE APRIL 27-29, 2007 AND JULY 27-29, 2007 SEMINARS FOR SUBSTANCE ABUSE AND RECOVERY, SPONSORED BY NUEVO CAMINAR, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $4,808.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

WHEREAS, Nuevo Caminar has requested in-kind services from the Miami-Dade Park and Recreation Department for the November 10-12, 2006, January 26-28, 2007, April 27-29, 2007, and July 27-29, 2007 Seminars for Substance Abuse Recovery in an amount not to exceed $4,808.00 (see attached Fee Waiver/In-Kind Service Application); and

WHEREAS, Nuevo Caminar is a not-for-profit organization; and

WHEREAS, the Seminars for Substance Abuse Recovery are small events, as that term is defined in the attached Fee Waiver/In-Kind Service Application, and the in-kind services shall be funded from the Countywide In-kind Reserve Fund,

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 Park and Recreation Department for the November 10-12, 2006 and January 26-28, 2007 Seminars for Substance Abuse Recovery and authorizes in-kind services from the Miami-Dade Park and Recreation Department for the April

27-29, 2007 and July 27-29, 2007 Seminars for Substance Abuse Recovery in an amount not to exceed $4,808.00 to be funded from the Countywide In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Rebeca Sosa and offered by Commissioner Rebeca Sosa, who moved its adoption. The motion was seconded by Commissioner Dennis C. Moss and upon being put to a vote, the vote was as follows:

Bruno A. Barreiro, Chairman aye
Barbara J. Jordan, Vice-Chairwoman aye

Jose "Pepe" Diaz	aye	Audrey M. Edmonson	aye
Carlos A. Gimenez	aye	Sally A. Heyman	aye
Joe A. Martinez	aye	Dennis C. Moss	aye
Dorrin D. Rolle	aye	Natacha Seijas	aye
Katy Sorenson	aye	Rebeca Sosa	aye
Sen. Javier D. Souto	aye		

The Chairperson thereupon declared the resolution duly passed and adopted this 6th day of March, 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: KAY SULLIVAN
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

MK

Monica Rizo

MEMORANDUM

Agenda Item No. 11(A)(28)

TO:	Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners	**DATE:**	March 6, 2007
FROM:	Murray A. Greenberg County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services for seminars for substance abuse recovery sponsored by Nuevo Caminar

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Rebeca Sosa.

Murray A. Greenberg
County Attorney

MAG/dcp

MEMORANDUM
(Revised)

TO: Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners

DATE: March 6, 2007

FROM: Murray A. Greenberg County Attorney

SUBJECT: Agenda Item No. 11(A)(28)

Please note any items checked.

_____ **"4-Day Rule" ("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**

_____ **Bid waiver requiring County Manager's written recommendation**

_____ **Ordinance creating a new board requires detailed County Manager's report for public hearing**

_____ **Housekeeping item (no policy decision required)**

_____ **No committee review**

AMI-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:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

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.)

1. Full legal name of the requesting organization: Nuevo Caminar M.C.

2. Applicant Status: (Select one of the choices below)

- ☑ Not-For-Profit or Tax Exempt
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department
- ☐ Other (specify):
- ☐ Local Government or Public Entity

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Ramon Cabrera 727 E 9 St HL FL 33010 305 796 7202

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee & Waiver For Used of Camp Greynolds

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Seminar 2006 NOV 10, 11, 12 Special Seminar for Recovery Substance Abuse County Wide

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)): Greynolds Park 17530 West Dixie Hwy N.M.B. FL 33160

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MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: Service to Local Community.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): NOV 2006 Friday 10 4pm to Sunday 12 3pm

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): 68

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

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

Signature of Authorized Representative

Date

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

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- ☐ 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.)

1. Full legal name of the requesting organization: Nuevo Caminar M.C.

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
- ☐ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department _____
- ☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Ramon Cabrera 727 E 9 St HL FL 33010 305 796 7202

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee Waiver for use of Camp Greynolds

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Seminar Jan 2007 26, 27, 28 Special Seminar for Recovery Substance Abus County wide

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)): Greynolds Park 17530 West Dixie Hwy NMB 33160 FL

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MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: Service to Local Community

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): JAN 2007 26 4PM TO 28 Sunday 3PM

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): 68

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

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

Signature of Authorized Representative

Date

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

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1. Full legal name of the requesting organization: Nuevo Caminar M.C

2. Applicant Status: (Select one of the choices below)

- ☑ Not-For-Profit or Tax Exempt
- ☐ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department _____
- ☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Ramon Cabrera
727 E 9st Hl FL 33010 305 796 7202

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee Waiver For Use of Camp Greynolds.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Seminar ~~[illegible]~~ April 2007 27, 28, 29 Special Seminar for Recovery Substance Abuse County Wide

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
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- ☐ 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)): Greynolds Park
175 30 West Dixie Hwy NMB FL 33160

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MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional or local impact: Service To Local Community.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): April 27, 28, 29 27 April 2007 4pm to 29 Sunday 3pm

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): 68

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

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

Signature of Authorized Representative

Date

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

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- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department _____
- ☐ Other (specify): _____
- ☐ Local Government or Public Entity

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): Ramon Cabrera 727 E 9st HL FL 33010 305 796 7202

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee waiver for use of Coral Greynolds.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Seminar July 2007 27, 28, 29 Special Seminar for Recovery substance Abuse

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)): Greynolds Park 17530 West Dixie Hwy Nmb FL 33160

11

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION

8. Description of regional ~~or~~ local impact: Service to Local Community

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): July 2007 27 Friday 6 Pm to 29 Sunday 3 Pm

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): 68

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

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

Signature of Authorized Representative

Date

Memorandum

MIAMI-DADE COUNTY

Date: March 6, 2007

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

Subject: Countywide In-Kind Reserve Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The countywide in-kind reserve balance allows for the funding of this request.

Background

Two retroactive waivers for in-kind services are being requested as well as two additional in-kind services requests from a not-for-profit organization Nuevo Caminar for retreats for recovery of substance abuse at Greynolds Park held on November 10-12, 2006, January 26-28, April 27-29, and July 27-29, 2007.

In-kind services have been requested in an amount not to exceed $4,808 from the Park and Recreation Department for use of the campground at Greynolds Park. The countywide in-kind reserve will fund this request.

In FY 2006-07 Nuevo Caminar has not received any County funding.

inkind04407