Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(11)
06-05-07

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

RESOLUTION NO. R-724-07

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE JULY 15-21, 2007 UOTS CANCER CAMP SPONSORED BY MIAMI CHILDREN'S HOSPITAL, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $1,575.00 TO BE FUNDED FROM THE DISTRICT 6 IN-KIND RESERVE FUND

WHEREAS, the Miami Children's Hospital has requested in-kind services from the Miami-Dade Park and Recreation Department for the July 15-21, 2007 UOTS Cancer Camp in an amount not to exceed $1,575.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the UOTS Cancer Camp is a free event and the purpose of this camp is to provide disadvantaged, cancer-stricken children an opportunity to experience one week of camp activities while receiving chemotherapy treatments away from the hospital; and

WHEREAS, the Miami Children's Hospital is a not-for-profit organization; and

WHEREAS, the UOTS Cancer Camp is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and the in-kind services shall be funded from the District 6 In-kind Reserve Fund,

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 Miami-Dade Park and Recreation Department for the July 15-21, 2007 UOTS Cancer Camp in an amount not to exceed $1,575.00 to be funded from the District 6 In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Rebeca Sosa and offered by Commissioner Sally A. Heyman, who moved its adoption. The motion was seconded by Commissioner Bruno A. Barreiro 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	absent	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	absent		

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of June, 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. MR

Monica Rizo

MEMORANDUM

Agenda Item No. 11(A)(11)

TO:	Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners	**DATE:**	June 5, 2007
FROM:	Murray A. Greenberg County Attorney	**SUBJECT:**	Resolution authorizing in-kind services for Miami Children's Hospital's UOTS Cancer Camp

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: June 5, 2007

FROM: Murray A. Greenberg
County Attorney

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

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**

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PARKS

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:

Delores Green
Office of Strategic Business Management
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.

1. Full legal name of the requesting organization: ~~DIVISION OF HEMATOLOGY ONCOLOGY, MIAMI~~ CHILDRENS HOSPITAL ~~For UOTS Cancer Camp~~

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.): ATHENA C. PEFKAROU MD CAMP DIRECTOR, ASSOCIATE DIRECTOR DIVISION OF HEM/ONC MIAMI CHILDRENS HOSPITAL. Tel 3056628360; fax 3056666387; email: athena.pefkarou@mcd.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): A.D. BARNES PARK - facility rent for the week of 7/14/07 - 7/21/07 $1575.00

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): UOTS Cancer Camp 7/15/07 - 7/21/07 - One week sleep away camp for children c̄ cancer ages 7-17 years. The camp gives the opportunity for children c̄ cancer, many of them on chemotherapy out the time to enjoy a week away from the hospital. They remain under strict supervision of doctors, nurses, experienced counselors. This experience would not be possible otherwise

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

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

7. Physical address of event venues (please specify Commission District(s)): A.D. BARNES PARK
3401 S.W. 72nd Avenue
MIAMI FL 33155

8. Description of regional or local impact:
NA

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

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

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

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

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

Signature of Authorized Representative

3/28/07
Date

06085

DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/02

Certificate Number	Effective Date	Expiration Date	
85-8012621109C-7	11/23/2003	11/30/2008	[illegible]ION

This certifies that

MIAMI CHILDRENS HOSPITAL
VARIETY CHILDRENS HOSPITAL
3100 SW 62ND AVE
MIAMI FL 33155-3009

is exempt from the payment of Florida sales and use tax on real property rented, transient rentals, [illegible] tangible personal property purchased or rented, or services purchased.

TO DEALERS;

THIS EXEMPTION CERTIFICATE SHOULD PROVIDE SUFFICIENT DOCUMENTATION THAT MIAMI CHILDREN'S HOSPITAL IS EXEMPT FROM THE STATE OF FLORIDA SALES TAX AS A NON-PROFIT CHARITABLE INSTITUTION.

Pedro A. Alfaro

PEDRO A. ALFARO
VICE PRESIDENT FINANCE

MIAMI
CHILDREN'S
HOSPITAL
THE MARY ANN KNIGHT INTERNATIONAL INSTITUTE OF PEDIATRICS
FOUNDED AS VARIETY CHILDREN'S HOSPITAL

CANCER CENTER
DIVISION OF HEMATOLOGY-ONCOLOGY
ENRIQUE A. ESCALON, M.D., P.A.
ATHENA CHR.-PEFKAROU, M.D., P.A.
JOHN A. FORT, M.D., P.A.
ZIAD A. KHATIB, M.D., P.A.

March 29th, 2007

Delores Green
Office of Strategic Business Management
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

RE: 2007 UOTS CAMP

Dear Ms. Green:

I, hereby, submit our application for fee-waiving of the use of A.D. Barnes Park. Our UOTS Cancer Camp for children treated primarily at Miami Children's Hospital will take place for the 17th consecutive year July 15th through July 21st. We have reserved the park from July 14th through July 21st. For the past several years, through the help of Commissioner Rebecca Sosa, the fees for the use of the park have been waived. This is a big help with our expenses for the camp. I, sincerely, hope you will be able to accommodate us once again. Many of the cancer stricken children that attend the camp are disadvantaged and would never be able to experience the wonderful activities the camp provides.

With my deepest gratitude for your consideration, yours truly,

Athena C. Pefkarou, M.D., FAAP
Camp Director,
UOTS Cancer Camp

Associate Director,
Division of Hematology-Oncology
Miami Children's Hospital

ACP/ab

Enclosure: Fee Waiver/In-Kind Services Application

NORTHEAST WING # 121 / 3100 S.W. 62ND AVENUE, MIAMI, FL 33155-3009 / TEL. (305) 662-8360 / FAX: (305) 666-6387
CANCERCENTER@MCH.COM

Memorandum

MIAMI-DADE COUNTY

Date: June 5, 2007

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

From: George M. Burgess
County Manager

Subject: District Specific In-Kind Reserve Request Recommendation

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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 district specific in-kind reserve balance allows for the funding of this request.

Background

A waiver for in-kind services is being requested by a not-for-profit organization Miami Children's Hospital for their UOTS Cancer Camp to be held starting July 15 through July 21, 2007.

In-kind services have been requested in an amount not to exceed $1,575 from the Miami-Dade Police Department for police services. This event will be funded from the District 6 in-kind reserve fund.

In FY 2006-07 Miami Children's Hospital has not received any County funding for this event.

Inkind07307