

Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 11(A)(13)  
10-02-07

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

RESOLUTION NO. R-1121-07

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE AUGUST 20, 2007 1350 CLINIC GROUNDBREAKING AND BIRTHDAY CELEBRATION EVENT SPONSORED BY THE MIAMI-DADE COUNTY HEALTH DEPARTMENT, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,026.00 TO BE FUNDED FROM THE DISTRICT 5 IN-KIND RESERVE FUND

**WHEREAS**, the Miami-Dade County Health Department has requested in-kind services from the Miami-Dade Park and Recreation Department for the August 20, 2007 1350 Clinic Groundbreaking and Birthday Celebration in an amount not to exceed \$1,026.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the purpose of the groundbreaking and birthday party is to celebration the grand opening of a new replacement clinical facility, which provides free services to Miami-Dade County residents; and

**WHEREAS**, the Miami-Dade County Health Department is a department of the State of Florida and a not-for-profit organization; and

**WHEREAS**, the Miami-Dade County Health Department is a district event, as defined in the attached Fee Waiver/In-kind Service Application, and the in-kind services shall be funded from the District 5 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

August 20, 2007 1350 Clinic Groundbreaking and Birthday Celebration event in an amount not to exceed \$1,026.00 to be funded from the District 5 In-kind Reserve Fund.

The foregoing resolution was sponsored by Chairman Bruno A. Barreiro and offered by Commissioner Jose "Pepe" Diaz, 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
Dorrian D. Rolle	aye	Natacha Seijas	absent
Katy Sorenson	aye	Rebeca Sosa	aye
Sen. Javier D. Souto	aye		

The Chairperson thereupon declared the resolution duly passed and adopted this 2<sup>nd</sup> day of October, 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.

Monica Rizo

**MEMORANDUM**

Agenda Item No. 11(A)(13)

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

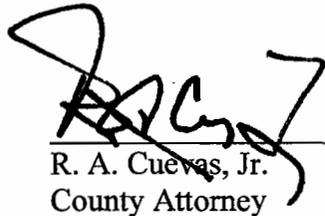
**DATE:** October 2, 2007

**FROM:** R. A. Cuevas, Jr.  
County Attorney

**SUBJECT:** Resolution retroactively  
authorizing in-kind services  
1350 Clinic Groundbreaking  
and Birthday Celebration  
Event

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The accompanying resolution was prepared and placed on the agenda at the request of Chairman Bruno A. Barreiro.

  
\_\_\_\_\_  
R. A. Cuevas, Jr.  
County Attorney

RAC/jls

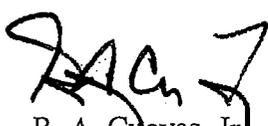


# MEMORANDUM

(Revised)

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

DATE: October 2, 2007

FROM:   
R. A. Cuevas, Jr.  
County Attorney

SUBJECT: Agenda Item No. 11(A)(13)

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

#1,026.  
Park

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. 1<sup>st</sup> Street, Suite 2200  
Miami, FL 33128

Phone: (305) 375-5143  
Fax: (305) 375-5158

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: Miami-Dade County Health Department

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.): Olga Connor,  
Miami-Dade County Health Department, 8322 NW 12 Street, Suite 212,  
Miami, FL 33126. Tel: 786-236-1276. Email: Olga\_Connor@doh.mdcfl.net

4. Specify fee waiver or in-kind service requested (quantity, if applicable): 1 hour mobile - medium

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):  
Miami-Dade County Health Department / 1250 Clinic Groundbreaking /  
Birthday Party Celebration.  
8/29/07

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)): 1350 N.W. 14 Street  
Miami FL 33125
- 8. Description of regional or local impact: \_\_\_\_\_
- 9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 2:00p.m. to 3:00p.m.
- 10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): \_\_\_\_\_
- 11. Expected number of participants and estimated attendance (per day, if applicable): 300
- 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]  
Signature of Authorized Representative 2/10

7/16/07  
Date

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JUN-01-2007 12:28 PM TROPICAL PARK

3055538511

P.02/02



# SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

## EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: State of Florida, Department of Health,  
Miami-Dade County Health Department  
EQUIPMENT REQUESTED: Showmobile (MEDIUM)

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Miami-Dade County Health Dept.  
ATTN: Accounts Payable

OR INDEX CODE (MIAMI-DADE COUNTY AGENCIES ONLY): \_\_\_\_\_  
8175 NW 12th Street, 3rd Floor, Miami, FL 33126

BILLING ADDRESS/ ZIP CODE: Miami-Dade County Health Dept. Attn:  
Accounts Payable, 8175 NW 12th Street, 3rd Floor, Miami, FL 33126

NAME/TITLE OF THE EVENT: Miami-Dade County Health Department/1350  
Clinic Ground Breaking/Birthday Party Celebration.

ADDRESS OF EVENT: 1350 NW 14th Street, Miami, FL 33125

TODAY'S DATE: 6/18/2007 DATE (S) & TIME OF EVENT: 8/20/2007

SET-UP TIME & DAY: 8:00 a.m.

TAKE-DOWN & DAY: 3:00 p.m.

CONTACT PERSON/PHONE: Morton Laitner  
AT SITE CONTACT/CELL PHONE #: 786-298-0027

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 \$1,025.00 Signature [Signature]

\*(SEE FEE SCHEDULE FOR EXACT CHARGES)  
Agency/Group Miami-Dade County Health Dept.

**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.**

NW 14TH AVENUE

NW 13TH TERRACE

NW 14TH STREET

DOWNTOWN UNIT

NW 13TH COURT

Balloon Bridge

Chairs and Tent

PARKING LOT

STATE LAB

BLOG #1

BLOG #2

BLOG #4

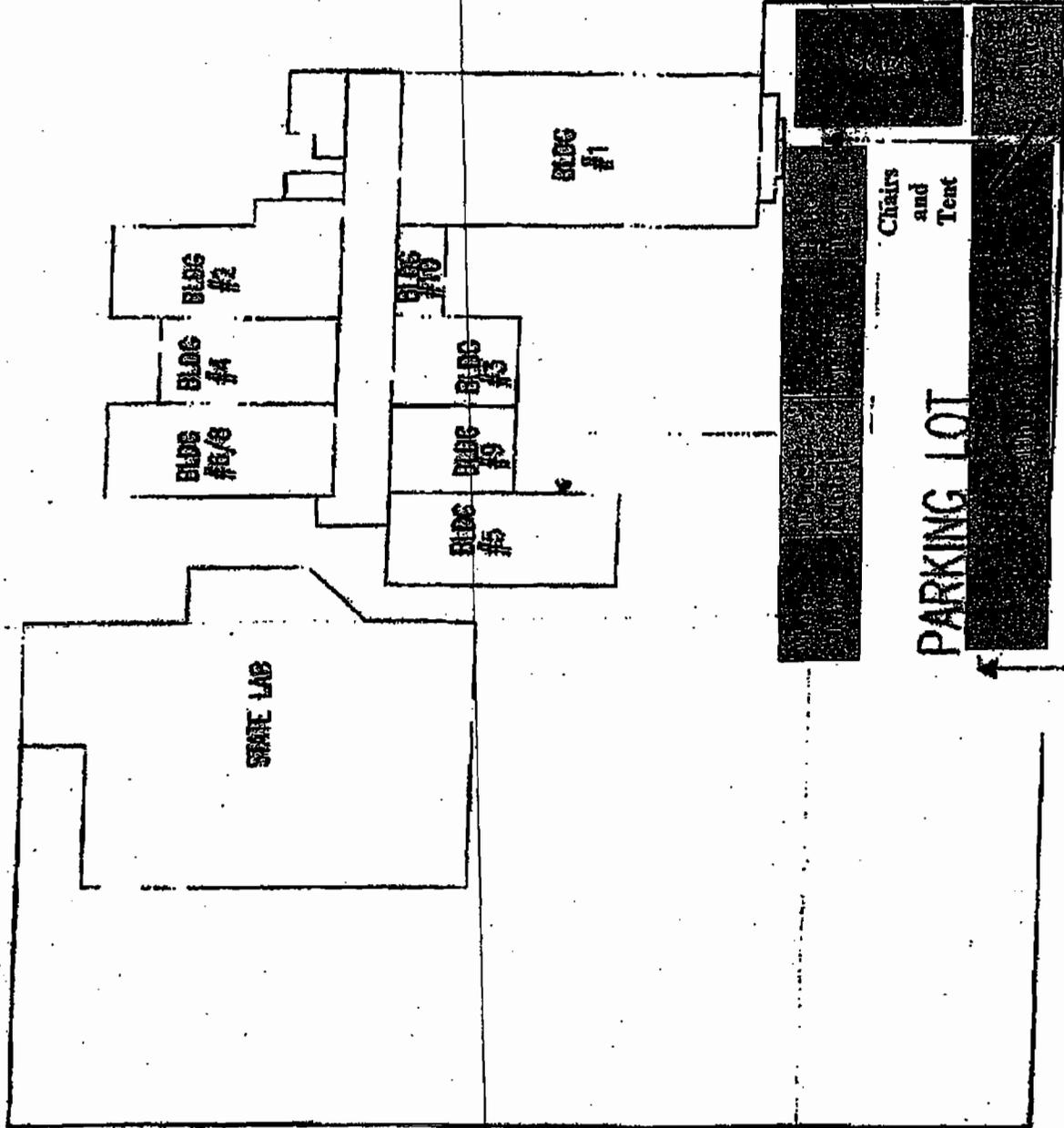
BLOG #5

BLOG #10

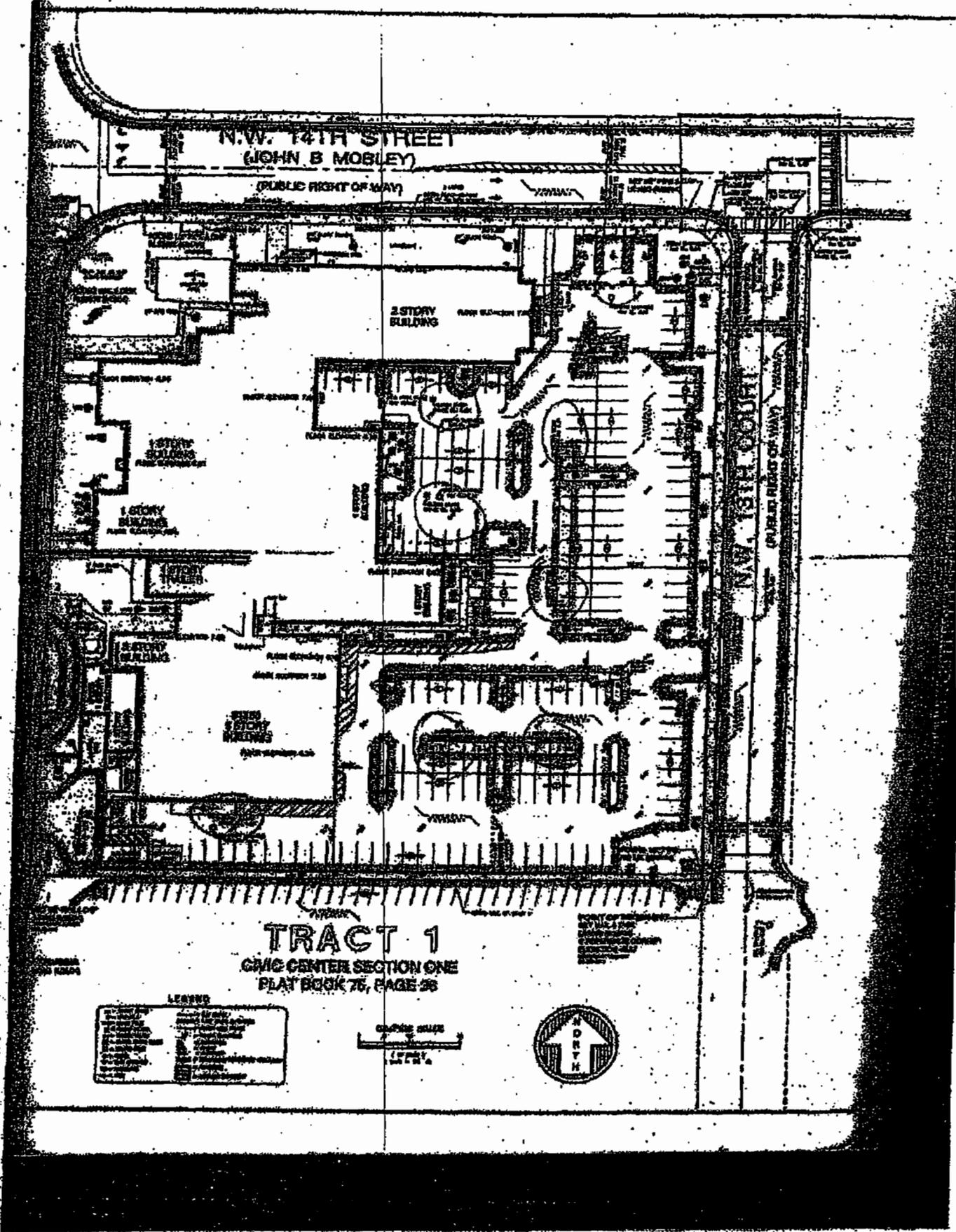
BLOG #3

BLOG #9

BLOG #5



8



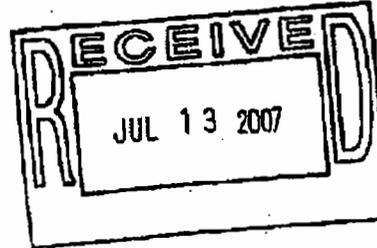




Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

July 10, 2007



The Honorable Bruno Barreiro  
Commissioner, District 5  
1454 S.W. 1<sup>st</sup> Street, Ste. 130  
Miami, Florida 33135

Dear Commissioner Barreiro:

The Miami-Dade County Health Department is celebrating the groundbreaking of its main complex replacement facility located at 1350 N.W. 14<sup>th</sup> Street, Miami, on August 20, 2007 from 11:00 a.m. to 2:00 p.m.

We have contacted Mr. Pete Dinger, Miami-Dade Park & Recreation, Showmobiles, Stages, Bleachers, and South Production Agency, 22200 S.W. 137<sup>th</sup> Avenue, Miami, Florida 33170, telephone 305-226-8315, Ext. 224 regarding the rental of a stage.

The stage we requested is listed as follows:

Medium 28 x 16  
Price: \$1,026.00

The stage is needed from 8:00 a.m. through 3:00 p.m.

Your assistance would be greatly appreciated if these charges could be waived from us.

Sincerely,

*Olga Connor*  
Olga Connor  
Director  
Office of Communication  
and Legislative Affairs

cc: Marlene Avalo  
Office of Chairman Bruno Barreiro



Olga Connor  
Director, Office of Communication and Legislative Affairs  
Miami-Dade County Health Department  
8175 NW 12 Street, #300, Miami, Florida 33126  
Tel: (786) 336-1276 Fax: (786) 336-1297  
Website: www.dadehealth.org



//



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

**MIAMI-DADE COUNTY HEALTH DEPARTMENT**  
8323 N.W. 12<sup>th</sup> Street, Suite 212  
Miami, Florida 33126

Telephone: 786-336-1276  
Fax: 786-336-1297

**FACSIMILE COVER SHEET**

**DATE:** Jul 9, 2007

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**TO:** Marlene Avalo

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**FAX #:** 305-643-8528

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**FROM:** Olga Connor, Director, Office of Communication & Legislative Affairs

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**RE:** In-Kind Application for 1350 Main Complex Groundbreaking event stage

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**PAGES:** 7

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In compliance with your email dated June 19, 2007 attached are Fee Waiver In-Kind Application and Equipment Confirmation Form with enclosures.

Should you require additional information, please let me know. We hope Commissioner Bruno Barreiro will be able to obtain the fee waiver for the stage.

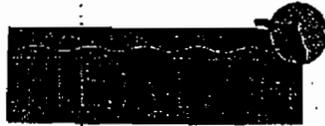
**COMMENTS:**

"This transmission may contain material that is CONFIDENTIAL under federal and Florida statutes and is intended to be delivered to only the named addressee. Unauthorized use of this information may be a violation of criminal statutes. If this information is received by anyone other than the named addressee, the recipient shall immediately notify the sender at the address or the telephone number above and obtain instruction as to the disposal thereof. Under no circumstances shall this material be shared, retained or copied by anyone other than the named addressee."

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Olga Connor, B.A.  
Director, Office of Communications (Media) and Legislative Affairs  
Miami-Dade County Health Department  
8323 S.W. 12<sup>th</sup> Street, Suite 212  
Miami, Florida 33126  
TEL (786) 336-1276  
Olga\_Connor@doh.state.fl.us  
Website Address: www.dadehealth.org.

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Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

July 10, 2007

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*Olga Connor*  
Olga Connor  
Director  
Office of Communication  
and Legislative Affairs

cc: Marlene Avalos  
Office of Chairman Bruno Barreiro



Olga Connor  
Director, Office of Communication and Legislative Affairs  
Miami-Dade County Health Department  
8175 NW 12 Street, #300, Miami, Florida 33126  
Tel: (786) 336-1276 Fax: (786) 336-1297  
Website: www.dadehealth.org



# Memorandum



**Date:** October 2, 2007

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

**From:** George M. Burgess  
County Manager 

**Subject:** District Specific In-Kind 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 retroactive waiver for in-kind services has been requested by a not-for-profit organization the Miami-Dade County Health Department for their 1350 Clinic Groundbreaking/Birthday Party Celebration event held on August 20, 2007.

In-kind services have been requested in an amount not to exceed \$1,026 from the Miami-Dade Park and Recreation Department for use of their medium show mobile. This event will be funded from District 5 in-kind reserve fund.

In FY 2006-07, the Miami-Dade County Health Department received a total of \$826,000 in County funding (\$814,000 from the General Fund, \$2,000 from the Office of the Chair office funds, \$5,000 from District 4 discretionary reserve, and \$5,000 from District 12 discretionary reserve).

Inkind11207