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CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

MEMORANDUM

Agenda Item No. 11(A)(4)

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

DATE: December 18, 2007

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

SUBJECT: Resolution retroactively authorizing in-kind services from Miami-Dade Police Dept. and Miami-Dade Fire Rescue Dept. for the Family Fall Festival

R-1383-07

The accompanying resolution was prepared and placed on the agenda at the request of Vice-Chairwoman Barbara J. Jordan.

R. A. Cuevas, Jr.
County Attorney

RAC/bw

MEMORANDUM
(Revised)

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

DATE: December 18, 2007

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

SUBJECT: Agenda Item No. 11(A)(4)

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

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(4)
12-18-07

RESOLUTION NO. R-1383-07

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE POLICE DEPARTMENT AND THE MIAMI-DADE FIRE RESCUE DEPARTMENT FOR THE OCTOBER 31, 2007 FAMILY FALL FESTIVAL SPONSORED BY ANTIOCH MISSIONARY BAPTIST CHURCH OF CAROL CITY, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $9,413.00 TO BE FUNDED IN PART FROM THE COUNTYWIDE IN-KIND RESERVE FUND AND IN PART FROM THE NON-AD VALOREM PORTION OF THE FIRE RESCUE DISTRICT BUDGET

WHEREAS, Antioch Missionary Baptist Church of Carol City, Inc. has requested in-kind services from the Miami-Dade Police Department and the Miami-Dade Fire Rescue Department for the October 31, 2007 Family Fall Festival event in an amount not to exceed $9,413.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the Family Fall Festival is to provide Miami-Dade County families with an entertaining, educational and safe environment during the holiday; and

WHEREAS, the Antioch Missionary Baptist Church of Carol City, Inc. is a not-for-profit organization; and

WHEREAS, the Family Fall Festival is a major event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $8,723.00 of the in-kind services shall be funded from the Countywide In-kind Reserve Fund and $690.00 of the in-kind services shall be funded from the non-ad valorem portion of the Fire Rescue 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 Police Department and the Miami-Dade Fire

Rescue Department for the October 31, 2007 Family Fall Festival in an amount not to exceed $9,413.00 to be funded in part from the Countywide In-kind Reserve Fund and in part from the non-ad valorem portion of the Fire Rescue In-kind Reserve Fund.

The foregoing resolution was sponsored by Vice-Chairwoman Barbara J. Jordan and offered by Commissioner Joe A. Martinez, who moved its adoption. The motion was seconded by Commissioner Rebeca Sosa 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 18th day of December, 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
to form and legal sufficiency.

Monica Rizo

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: Antioch Missionary Baptist Church for the Family Fall Festival

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.): (Chief of Operations) Lisa Bennett, 21311 NW 34 Avenue; Miami Gardens, FL 33056 (305) 624-8170, 0028 (OFC), (305) 627-0049 (Fax) (Antioch Missionary Baptist Church of Carol City) LBennett@AMBCCC.com (305) 345-9310 cell

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Miami Dade Police Special Events Unit, $8722.64
Miami Dade Fire Rescue Events Bureau, $840.00

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): 4th Annual Family Fall Festival "No Tricks - Just Treats" Wednesday, October 31, 2007
Annual Family Fall Festival Mission Statement: The event will provide an entertaining, educational, & safe, event for children and families of South Florida.

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)): Miami Dade County District 1
Dolphin Stadium, 2269 NW 199 Street; Miami Gardens, FL 33056

8. Description of regional or local impact: An affordable event which includes a variety of entertainment genre and activities for families seeking a more spiritual, family-oriented celebration of fall. The event's goal is to generate a tradition inclusive and reflective of the diverse communities of the area. ALL Miami Dade families are encouraged to participate.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
Wednesday, October 31, 2007, 4:00pm until 10:00pm.

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

11. Expected number of participants and estimated attendance (per day, if applicable): 13 to 15,000 persons

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

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

Signature of Authorized Representative

September 6, 2007
Date

MIAMI-DADE FIRE RESCUE DEPARTMENT
SPECIAL EVENTS BUREAU

9300 N.W. 41 STREET
DORAL, FLORIDA 33178
OFFICE (786) 331-5000 / FAX (786) 331-4435

SPECIAL EVENTS OVERTIME ESTIMATE SHEET

Invoice Number: _____ Date: _____

Control Number: _____ Prepared By: _____

VENDOR INFORMATION

Name: 4th Annual Family Fall Festival

Billing Address: Antioch Missionary Baptist Church of Carol City

City: Miami Gardens State: Florida Zip Code: 33056

Phone Number: 305-624-8170 Fax Number: 305-620-1155

PERSONNEL

Rank / Title	Overtime Hourly Rate	Quantity	Event Hours	Total
Chief Fire Officer	$ 75.00			$ -
Captain	$ 65.00			$ -
Lieutenant	$ 55.00	1	6	$ 330.00
Fire Fighter	$ 50.00	1	6	$ 300.00
Fire Prevention Inspector	$ 55.00			$ -
Beach Manager	$ 30.25			$ -
Lifeguard 2	$ 26.75			$ -
Lifeguard 1	$ 22.75			$ -
Civilian (Overtime Rate Only) DISPATCHER	$ 30.00			$ -
			Personnel Total	$ 630.00

EQUIPMENT

Type	Hourly Rate	Quantity	Event Hours	Total
Pumper	$ 100.00			$ -
QRV / TRT	$ 65.00			$ -
Rescue Truck	$ 50.00			$ -
Motorcycle Unit	$ 40.00			$ -
Rescue Cart	$ 35.00	1	6	$ 210.00
Rigid Hull Inflatable Boat (RHIB)	$ 35.00			$ -
Personal Watercraft (PWC)	$ 35.00			$ -
Bicycle Unit	$ 35.00			$ -
			Equipment Total	$ 210.00
			Personnel Total	$ 630.00
			5% Administrative Fee	
			Total Event Estimate	**$ 840.00**

Please make checks payable to: **Board of County Commissioners**

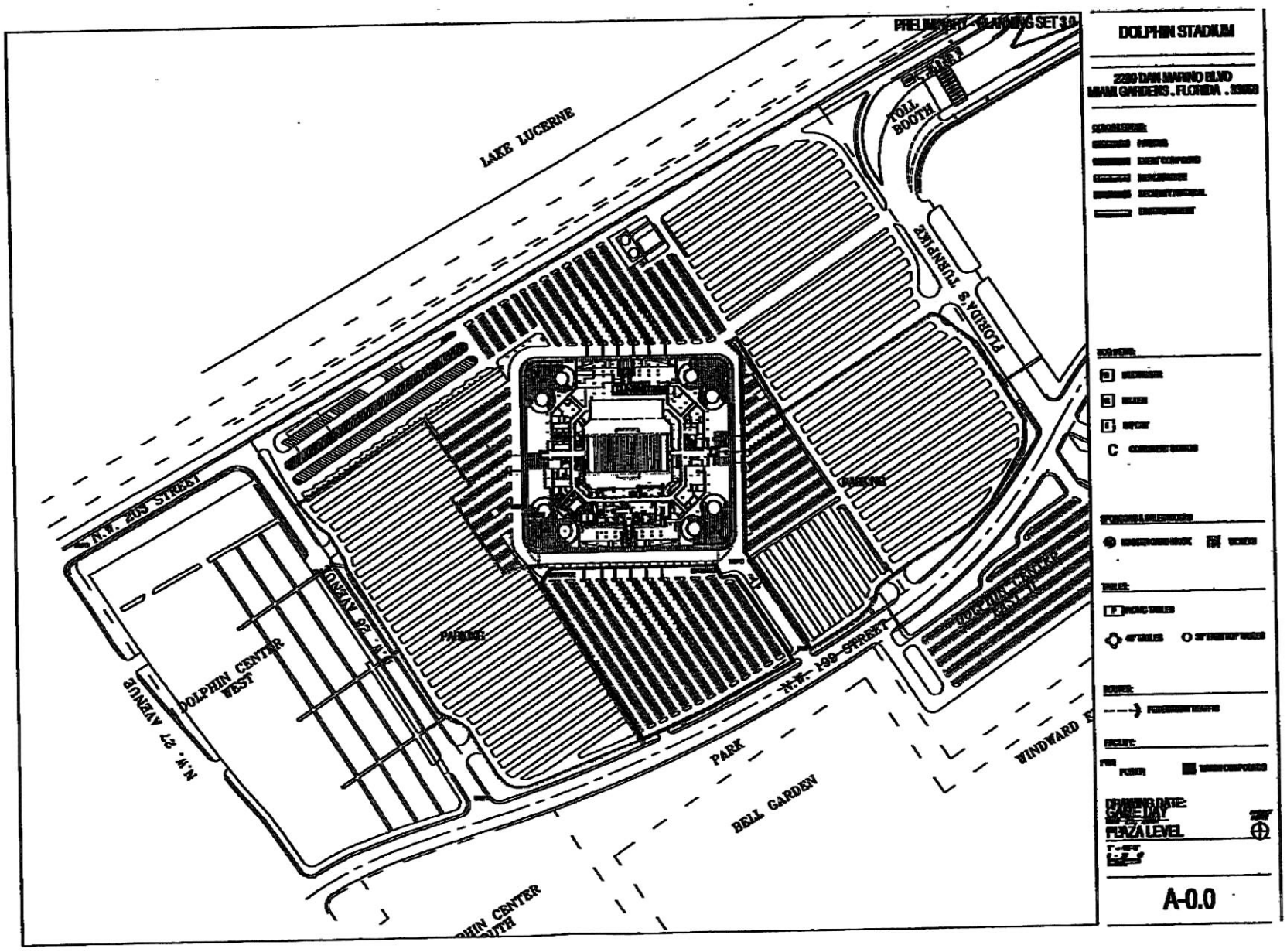
Please note: The Board of County Commissioners set all rates through County Administrative Order 7-33.

NOTE: The above costs are only an estimate for your event. Any permit related inspection costs (tents, stages, etc.) and/or other related firewatch and rescue standby related costs will be borne by the vendor. Required permit inspections must be completed before occupying or use. After hours or weekend inspections will be billed at a rate of $50.00 per hour with a minimum 4-hour charge.

Rev. 06/29/06

FOURTH ANNUAL FAMILY FALL FESTIVAL
Statement of Expenses

Expenses:		Projection
Facility		
	Rent	7,500.00
	Operating Expenses	32,924.00
	Tent Rental	15,000.00
Entertainment		
	Audio/Technical/Staging	8,000.00
	Carnival/Games/Rides	89,550.00
	Talent/Performers	7,000.00
Décor/Decorations		
	Finish Line Feed, Inc. - Hey	760.00
	Balloonatics	2,067.00
	Signage	500.00
	Volunteer Buttons/T-shirts	500.00
Guests		
	Candy	5,000.00
	Sno-Cones/Cotton Candy/Staff	2,510.00
	Photography	200.00
	Goodie Bags	2,200.00
	Food & Beverage	12,000.00
	Prizes	100.00
	Tickets/Wristbands	-
Media		
	Flyers	500.00
	Posters	350.00
	Brochures	560.00
	Newspaper Ads	3,050.00
		-
Total Expenses	$	190,271.00


PRELIMINARY - PLANNING SET 3.0
LAKE LUCERNE
TOLL BOOTH
FLORIDA'S TURNPIKE
PARKING
N.W. 209 STREET
N.W. 26 AVENUE
N.W. 27 AVENUE
DOLPHIN CENTER WEST
N.W. 199 STREET
PARK
BELL GARDEN
WINDWARD
DOLPHIN STADIUM
2250 DAN MARINO BLVD
MIAMI GARDENS, FLORIDA
GAME DAY
PLAZA LEVEL
A-0.0

ROLLINS OAK ESTATES
SCRUB OAK PRESERVE
FLORIDA'S TURNPIKE
PARK
WINDWARD ESTATES
DOLPHIN CENTER EAST 1
ARCHEOLOGICAL MUSEUM
FLORIDA'S TURNPIKE
TOLL BOOTH
N.W. 199 STREET
BELL GARDEN
PARK
LAKE LUCERNE
SWAMP CREEK CANAL
DOLPHIN CENTER SOUTH
N.W. 26 AVENUE
DOLPHIN CENTER WEST
N.W. 27 AVENUE
N.W. 27th STREET

Memorandum

MIAMI-DADE COUNTY

Date: December 18, 2007

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

From: George M. Burgess
County Manager

Subject: Countywide In-Kind 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

A retroactive waiver for in-kind services has been requested by a not-for-profit organization the Antioch Missionary Baptist Church for the "Family Fall Festival" held on October 31, 2007.

In-kind services have been requested in an amount not to exceed $8,723 from the Miami-Dade Police Department for police services and $690 from the Miami-Dade Fire Rescue Department for personnel services for a total in-kind amount of $9,413. This event will be funded in part from the countywide in-kind reserve fund and in part from the non-ad valorem in-kind reserve of the fire rescue district budget.

In FY 2007-08, the Antioch Missionary Baptist Church has received no county funding for this event.

Inkind0608