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

MEMORANDUM

Agenda Item No. 11(A)(27)

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

DATE: April 8, 2008

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

SUBJECT: Resolution authorizing In-kind services for the March 23, 2008 Spring Festival sponsored by Arya Samaj of Miami, Inc.

Resolution No. R-379-08

The accompanying resolution was prepared and placed on the agenda at the request of Commissioner Dennis C. Moss.

R. A. Cuevas, Jr.
County Attorney

RAC/cp

MEMORANDUM

(Revised)

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

DATE: April 8, 2008

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

SUBJECT: Agenda Item No. 11(A)(27)

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)(27)
4-8-08

RESOLUTION NO. **R-379-08**

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT AND MIAMI-DADE POLICE DEPARTMENT FOR THE MARCH 23, 2008 SPRING FESTIVAL SPONSORED BY ARYA SAMAJ OF MIAMI, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $3,213.00 TO BE FUNDED FROM THE DISTRICT 9 IN-KIND RESERVE FUND

WHEREAS, Arya Samaj of Miami, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department and the Miami-Dade Police Department for the March 23, 2008 - "Spring Festival" event in an amount not to exceed $3,213.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the annual "Spring Festival" event is a free event, open to the public and provides cultural activities and awareness to the community; and

WHEREAS, Arya Samaj of Miami, Inc. is a not-for-profit organization; and

WHEREAS, the "Spring Festival" event is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $3,213.00 of the in-kind services shall be funded from the District 9 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 and the Miami-Dade Police Department for the March 23, 2008 - "Spring Festival" event in an amount not to exceed $3,213.00 to be funded from the District 9 In-kind Reserve Fund.

The foregoing resolution was sponsored by Commissioner Dennis C. Moss and offered by Commissioner **Sally A. Heyman**, who moved its adoption. The motion was seconded by Commissioner **Barbara J. Jordan** 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	**absent**
Dorrin D. Rolle	**aye**	Natacha Seijas	**absent**
Katy Sorenson	**aye**	Rebeca Sosa	**absent**
Sen. Javier D. Souto	**absent**		

The Chairperson thereupon declared the resolution duly passed and adopted this 8th day of April, 2008. 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

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:

Wayman G. Bannerman Chief of Staff Office of Commissioner Moss Board of County Commissioners District 9	111 N.W. 1st Street, Suite 320 Miami, Florida 33128 Phone: (305) 375-4832 Fax (305) 372-6011

Type of Event/Application (select one of the following): **(FOR DISTRICT 9 OFFICE STAFF USE ONLY)**

- ☐ 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: ARYA SAMAJ of MIAMI INC.

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.): NEVILLE RAMPERSAUD 14550 SW 110 ST. MIAMI, FL. 33186. Cell: 305-790-5488 E-MAIL: NEVILLE@MIAMI DADE.GOV.

4. Specify fee waiver or in-kind service requested (quantify, if applicable): ~~PACKAGE SUBMITTED TO MS. MARICELY TOTAL~~ police, park (see attached)

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): NOT A FUND RAISER. DATE: 23 MARCH 2008. VENUE: LARRY & PENNY THOMPSON PARK. THIS IS OUR ANNUAL SPRING FESTIVAL, CELEBRATED AT THIS VENUE FOR THE LAST 10 YRS. IT IS AN EAST INDIAN FESTIVAL THAT MARKS THE COMING OF SPRING. IT IS FREE AND OPEN TO THE PUBLIC. CULTURAL DANCING: SINGING FOLKS SONGS AND DJ MUSIC. FREE FOOD & DRINKS. MANY OUT-OF-STATE PARTICIPANTS AND OVERSEAS SUPPORTERS.

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

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

7. Physical address of event venues (please specify Commission District(s)): LARRY & PENNY THOMPSON PARK. 12451 SW 184 ST SHELTER #2 AND #4. DENNIS MOSS DISTRICT #9.

8. Description of regional or local impact: POSITIVE IMPACT TO THE SOUTH DADE COMMUNITY. BRINGS THE COMMUNITY CLOSER TOGETHER; INTRODUCING CULTURAL ACTIVITIES THAT ATTRACT THE LOCALS; MANY OUT-OF-STATE AND OVERSEAS VISITORS.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 23 MARCH 2008 8AM TO 6pm.

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): TURNPIKE (SOUTH) EXIT EUREKA DRIVE (184 ST.) HEAD WEST TO 124 AVE. LARRY AND PENNY PARK IS ON THE RIGHT. LOOK FOR SHELTER #2 AND #4. (OPEN PLAYING FIELD)

11. Expected number of participants and estimated attendance (per day, if applicable): APPROXIMATELY 1000.

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): EVENT BUDGET LISTED ON ITEM 4 & #. HOST ORGANIZATION WILL COVER ALL OTHER RELATED X-PENSES: FOOD, DRINKS; DJ; EQUIPMENT; T-SHIRTS; COSTUME; FLYERS ... ETC.

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

Signature of Authorized Representative

1/31/2008
Date

Page 2 of 2
Revised 3/16/07

Detail by Entity Name

Florida Non Profit Corporation

ARYA SAMAJ OF MIAMI, INC.

Filing Information

Document Number	N94000004906
FEI Number	650525281
Date Filed	10/05/1994
State	FL
Status	ACTIVE

Principal Address

14395 SW 139 CT
103
MIAMI FL 33186 US

Changed 04/27/2006

Mailing Address

14395 SW 139 CT
103
MIAMI FL 33186 US

Changed 04/27/2006

Registered Agent Name & Address

NEVILLE RAMPERSAUD
14550 SW 110 STREET
MIAMI FL 33186

Name Changed: 04/25/2004

Address Changed: 04/25/2004

Officer/Director Detail

Name & Address

Title PD

RAMJIT, EDDIE
14395 SW 139 CT #103
MIAMI FL 33186

Title VPD

CAMRAJ, RAMJIT
14395 SW 139 CT UNIT 103
MIAMI FL 33186

Title SD

PRAKASH, RAJ
14395 SW 139 CT #103
MIAMI FL 33186

Annual Reports

Report Year	Filed Date
2005	04/24/2005
2006	04/27/2006
2007	04/29/2007

Document Images

04/29/2007 -- ANNUAL REPORT	View image in PDF format
04/27/2006 -- ANNUAL REPORT	View image in PDF format
04/24/2005 -- ANNUAL REPORT	View image in PDF format
04/25/2004 -- ANNUAL REPORT	View image in PDF format
04/14/2003 -- ANNUAL REPORT	View image in PDF format
02/04/2002 -- ANNUAL REPORT	View image in PDF format
03/30/2001 -- ANNUAL REPORT	View image in PDF format
01/29/2000 -- ANNUAL REPORT	View image in PDF format
03/01/1999 -- ANNUAL REPORT	View image in PDF format
02/18/1998 -- ANNUAL REPORT	View image in PDF format
02/27/1997 -- ANNUAL REPORT	View image in PDF format
02/26/1996 -- ANNUAL REPORT	View image in PDF format
05/31/1995 -- ANNUAL REPORT	View image in PDF format

Note: This is not official record. See documents if question or conflict.

Previous on List Next on List Return To List

No Events No Name History

Entity Name Search

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Spring Festival
Sun. March 23, 2008
Fee Summary

Description of Charges	Fee
1pm to 6 pm	
(2) Park Attendants @$22.00 x 5.0 hours each	$220.00
Shelter #2 & #4	
#2 & #4 rental $310.00 clean up deposit $210.00	$500.00
Area fee Sun. March 23 ,2008	
1000 patrons @ $535.00 clean up deposit $400.00	$935.00
Application fee	$50.00
Will be responsible for *****	
Total Due	**$1,725.00**

***** Events Director's Responsibility**

- **5- Police officers must be present the entire time of event.**
- **Must provide 4 portable restrooms, 1 which must be handicap accessible.**
- **Must be present to assist with set-up and placement of portable restrooms**
- **Must provide parking attendants & will be responsible for directing all cars in and through the park.**
- **Must provide assistant for clean-up after event.**
- **Open area as well as shelter areas must be clean in order to receive deposit back.**

PARK AND RECREATION DEPARTMENT

SPECIAL EVENT

APPLICATION

1/30/2008
Date of Application

Name of Person or Organization (Permittee): ARYA SAMAJ OF MIAMI INC

Mailing Address: 23620 SW 125 AVE, MIAMI FL Zip: 33032-2002 Phone: (305) 790-5488

Represented By: NEVILLE RAMPERSAUD Title: PRESIDENT

Mailing Address: 14550 SW 110 ST, MIAMI FL 33186 Phone: (305) 382-0681

Is your organization For-profit: _____ Non-Profit: ✓

Location or Park Area requested: LARRY & PENNY: SHELTER #2 & 4 PLAYING FIELD

Describe fully the space required for your event, and how your event will contribute to the benefit of the community:

SPACE REQUIRED IS THE COMPLETE PLAYING FIELD, NEXT TO SHELTERS 2 & 4. OUR EVENT IS A SPRING FESTIVAL, WHICH WE HAVE BEEN CELEBRATING AT THIS SAME LOCATION FOR THE PAST 10 YEARS. IT IS AN EAST INDIAN FESTIVAL, CELEBRATED TO MARK THE COMING OF SPRING. IT IS AN EVENT, THAT NOT ONLY BRINGS THE S. DADE COMMUNITY TOGETHER; BUT PEOPLE COME FROM AS FAR AS N. YORK, TORONTO AND ORLANDO TO CELEBRATE THIS EVENT.

What type of entertainment is planned, include performer(s) name(s) and/or group(s) name(s): THE ARYA SAMAJ OF MIAMI YOUTH GROUP. A TWO HOUR PROGRAM OF SINGING, SPRING FESTIVAL SONGS; DANCING AND DJ MUSIC.

Dates of Event: 23 MARCH 2008

Period of Requested Use (Including Set-up / Tear-down and Clean-up time):

From: 8AM 3/23/08 To: 6PM 3/23/08

Hours of Operations: 8 AM TO 6 PM

Estimated Size of Crowd: APPROXIMATELY 1000

Who is the contact person for your event?

Name: NEVILLE RAMPERSAUD

Address: 14550 SW 110 ST, MIAMI, FL 33186

Agency: PRESIDENT, ARYA SAMAJ of MIAMI.

Telephone: (305) 790-5488 (CELL)

SPECIAL EVENT HISTORY

List the Five last events sponsored by your organization and where they were held, and please include the event name, date, total attendance, problems (if any), location of event, phone number of event location, and contact name for reference.

1. SPRING FESTIVAL 2007 MARCH
SAME LOCATION

2. SPRING FESTIVAL 2006
SAME LOCATION

3. SPRING FESTIVAL 2005
SAME LOCATION

4. SPRING FESTIVAL 2004
SAME LOCATION

5. SPRING FESTIVAL 2003
SAME LOCATION

Do you owe anyone money for expenses incurred or revenue promised from prior events: NO.

Date	Event	Person	Amount Owed

SPECIAL EVENT SALE OF GOODS

List items for re-resale offered and proposed prices. Use additional sheet if necessary.

Item	Price
NO SALE OF GOODS.	
EVERYONE BRING THEIR OWN	
REFRESHMENTS.	
EVERYTHING IS FREE.	

Signed by Permittee	Title	Date
[signature]	PRESIDENT	3/23/08

SPECIAL EVENT BUDGET

Detail fully the intended use, type of business and scope of operation: NON-PROFIT

DETAILED REVENUE

Source	Price	Total Amount of Income
	Total Revenue:	

DETAILED EXPENDITURES

Item	Total Amount of Expense
5 POLICE OFFICERS 5 HOURS EACH @ 43.25/HR.	1081.25
PORTABLE TOILETS	427.44
Total Expenses:	1508.69
Net Income Expected:	

DETAILED IN KIND SERVICES

Item	Value of Contribution
PARK RENTAL	$1725.00
Total Value:	

Describe the intended use of net income generated from this special event: NON-PROFIT

SPECIAL EVENT ACTIVITIES/ELEMENTS

List all Co-Sponsors: NONE

Name	Address	City / State / Zip	Phone Number

What are the principal business activity of these co-sponsors? N/A

Name	Activity

Will alcoholic beverage be served at your event: YES _____ NO ✓

BEER _____ PRICE _____
WINE _____ PRICE _____

Describe who, where, and what time the alcoholic beverages will be served: _____

Will your special event require tents? YES _____ NO ✓ (Requires Permit if greater than 10x10)

Indicate size and number of tents: _____

Will your special event have live or taped music? YES ✓ NO _____ Type of Music: INDIAN

Describe who, where, and what time music will be presented: 2PM @ SHELTER #2
INDIAN MUSIC (DJ)
12 NOON TO 2PM SINGING UNDER SHELTER #2

Please attach a diagram of the set-up for the event. Show as much detail as possible. Show crowd flow, controls, and crowd seating. Also, show configuration and sizes of stage(s), concession booths, tent locations and fire protection equipment.

METRO- DADE COUNTY DISCLOSURE AFFIDAVIT

I, NEVILLE RAMPERSAUD being first dully sworn, state:

1 The full legal name and business address of the person or entity contracting or transacting business with Dade County are:

ARYA SAMAJ OF MIAMI INC.
23620 SW 125 AVE
MIAMI FL 33032-2602

2 If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who holds directly or indirectly five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full legal name and address shall be provided for each trustee and each beneficiary. All such names and addresses are:

NEVILLE RAMPERSAUD 14550 SW 110 ST MIAMI, FL 33186 (PRESIDENT)
CAMRAJ RAMJIT 20525 SW 114 CT. MIAMI, FL 33189 (V. PRESIDENT)
SHANTI DHOOKARAN 11811 SW 207 ST, MIAMI, FL 33177 (SECRETARY)

3 The full legal names and business address of any other individual (other than subcontractors, materialmen, suppliers, laborers, or lenders) who have, or will have, any interest (legal, equitable, beneficial or otherwise) in the contract or business transaction with Dade County are:

NONE

Post Office Box Addresses Not Acceptable.
(See instructions on back; use separate attached pages, if necessary.)

by Neville Rampersaud 2/1/08 ~~19~~ 2008
Signature of Affiant Date

SUBSCRIBED AND SWORN TO (or affirmed) before me this FEBRUARY 1, 2008

by NEVILLE RAMPERSAUD He/She is personally known to me or has
(Affiant)

presented _____ as identification.
(Type of Identification)

Kerwick Persaud DD311189
(Signature of Notary) (Serial Number)

KERWICK PERSAUD APRIL 19, 2008
(Print or Stamp Name of Notary) (Expiration Date)

Notary Public Kerwick Persaud Commission #DD311189 Expires: Apr 19, 2008 Bonded Thru Atlantic Bonding Co., Inc. Notary Seal

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SPRING FESTIVAL
SUNDAY, 23 March 2008
TOTAL EXPENSES

LARRY & PENNY PARK FEES----------	$ 1725.00
5 POLICE OFFICERS FOR 5 HOURS--------	$ 1081.25
($43.25 PER HOUR)	
~~4 Port-O-Lets~~	~~$ 427.44~~

TOTAL	$ ~~3,233.69~~

$ 2806.25

MIAMI-DADE COUNTY, FLORIDA

MIAMI-DADE POLICE DEPARTMENT
RESOURCE MANAGEMENT BUREAU
9105 N.W. 25 STREET
ROOM 3049
MIAMI, FLORIDA 33172

RATE CHANGES FOR OFF-REGULAR DUTY POLICE SERVICES

To: Off-Regular Duty Police Service Permitee,

As approved by the Miami-Dade Board of County Commissioners, effective October 16, 2006 the rates for Off-Regular Duty Police Services that will be reflected in your billings are as follows:

Classification	New Rate for General Police Services	New Rate for Pro-Player Accounts*
Police Officer	$43.25	$47.25
Reserve Officer	$43.25	$47.25
Sergeant	$46.00	$50.00
Lieutenant	$50.00	$54.00
Captain	$52.75	$56.75

This rate includes the $3 supplemental payment per hour and subsequent increased fringe and administrative charge for Pro-Player football games when the attendance is 40,000 people or more.

The above rates include labor, fringe benefits, and direct cost for processing Off-Regular Duty Police Services. The rates may be adjusted annually for the prevailing fringe benefit rate and every two years to reflect the national consumer price index rate of inflation. Other terms and conditions of the Administrative Order remain the same.

Please select one of the two options listed below which best represents your decision in regards to the revised rates:

✓	I am aware of the above price list and wish to continue off-duty police services associated with Permit Name ARYA SAMAJ OF MIAMI Permit Number _____
	I do not choose to continue off-duty police services and wish to cancel and close Permit Name _____ Permit Number _____

Address: 14550 SW 110 ST MIAMI FL 33186 Phone Number: 305-790-5488

NEVILLE RAMPERSAUD	[signature]	1/30/08
Permittee Agent Name	Permittee Agent Signature	Date

Please note that before the Miami-Dade Police Department continues to provide police services beyond the effective date of the revised changes, October 16, 2006, appropriate authorization is required.

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Revised: 10-16-2006

MIAMI-DADE COUNTY

MIAMI-DADE POLICE DEPARTMENT
BUDGET, PLANNING AND RESOURCE MANAGEMENT BUREAU
9105 N.W. 25TH STREET
MIAMI, FLORIDA 33172

OFF-REGULAR-DUTY POLICE SERVICE PERMIT APPLICATION

Temporary ☒ **Permanent** ☐

The MIAMI-DADE POLICE DEPARTMENT, is NOT obligated to provide Off-Regular-Duty Police Service. A permit will not be issued to any person, firm, or organization whose officers, members, business, or operations are questionable or for any event that will discredit the employee or Department.

It is understood that, notwithstanding the fact that the permit holder will reimburse Miami-Dade County for the services rendered, the police personnel remain employees of the Miami-Dade Police Department. The applicant is restricted to the general assignment of duties to be performed and has no authority over the police personnel.

It is further understood by all parties that a police officer performing off-regular-duty service who takes police action falling within the purview, or on the permit holder's premises, shall remain in an off-regular-duty service status for the duration of time it takes to complete the processing of such action. Any time beyond that originally contracted for which is used to complete the processing of the police action shall be paid for by the permit holder. However, an officer taking police action outside the purview of the permit, or off the permit holder's premises, will revert to an on-duty status.

All compensation due for permanent permits will be paid in check or money order form, payable to the Board of County Commissioners, and forwarded to the Miami-Dade Finance Department, Credit & Collection Section—Off-Duty Police, 111 N.W. 1 Street, Suite 2630, Miami, FL 33128-1980. Payment is due upon receipt of Off-Regular-Duty Police Services invoice. Accounts (30) days in arrears will be subject to finance charges at the maximum legal rate.

Compensation for temporary permits must be paid upon request of service. Payments must be by certified check, money order, travelers check, cashiers check, or cash. Certified check, money order, travelers check, and cashiers check payments must be payable to Miami-Dade Police Department.

Any compensation over and above the rate established by ordinance is prohibited.

DATE: 1/30/2008 FEDERAL TAX ID NO.: 65-0525281

APPLICANT/BUSINESS NAME: ARYA SAMAJ of MIAMI INC.
(Business or Organization)

TELEPHONE: (305) 790-5488 FAX: ( )

BUSINESS ADDRESS: 23620 SW 125 AVE, MIAMI FL 33032-2602

MAILING ADDRESS: 14550 SW 110 ST, MIAMI, FL. 33186

NAME OF AUTHORIZED AGENT REQUESTING PERMIT:

NEVILLE (First) RAJENDRA (Middle) RAMPERSAUD (Last)

SSN: 092-60-9650 DOB: 10/29/55 (MO.-DAY-YR.) Race: INDIAN Sex: MALE

HOME ADDRESS: 14550 SW 110 ST HOME PHONE (305) 790-5488

CITY: MIAMI STATE: FL. ZIP 33186

Is requesting to engage the services of Off-Regular-Duty Police Personnel of the Miami-Dade County, Miami-Dade Police Department, for police services that are in addition to those provided generally to the public.

PERIOD OF EMPLOYMENT: BEGINNING DATE 23 MARCH 08 ENDING DATE 23 MARCH 08

HOURS TO BE WORKED: 5 Hrs. From 1PM To 6PM (3 officers) From 2PM To 7PM (2 officers)

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114.01-162 07/06

LUCKY AND PENNY THOMPSON PARK

SPECIFIC LOCATION OF POLICE SERVICE: 12451 SW 184 ST SHELTER #2

SPECIFIC SERVICE TO BE PERFORMED: MONITORING CROWD FOR SPRING FESTIVAL

Other Equipment Requested: No ✓ Yes _____

☐ Motorcycle ☐ Marked Police Vehicle ☐ Horse and Trailer ☐ Helicopter

☐ Airplane ☐ Canine ☐ Air Fills ☐ All Terrain Vehicle

Additional Concerns: NONE

Number of Police Personnel Required: Supervisor 0 Officers 5 Motorcycle Officers 0

Additional Permits (If Required) STATE NO. ZERO. COUNTY NO. _____

A permit holder may relinquish his permit at any time. However, in the event of such relinquishing, the permit holder shall be required to pay a reasonable compensation for all expenses incurred to provide the services authorized by the permit. The permit holder will be assessed a 3-hour minimum rate for each hiree.

A credit report will be conducted to establish if the applicant's credit history meets the Department's requirements.

THIS PERMIT MAY BE CANCELED BY THE DIRECTOR OF THE MIAMI-DADE POLICE DEPARTMENT, OR HIS AGENT, AT ANY TIME WITH OR WITHOUT CAUSE. THE PERMANENT PERMIT WILL BE REVIEWED ANNUALLY.

I HAVE READ AND UNDERSTAND THE PROVISIONS OF THIS APPLICATION AND WILL ACT IN FULL COMPLIANCE WITH THEM.

Otto Raymond
Signature of Permit Holder/Agent

ARYA SAMAJ OF MIAMI INC.
Occupation – Name of Business

305-790-5488
Business Telephone Number

Witness

AFTER INVESTIGATING THIS REQUEST, IT IS RESPECTFULLY RECOMMENDED THAT THIS APPLICATION BE:

APPROVED	DATE	DISAPPROVED
Supervisor		Supervisor

PERMIT NO.: _____ **VALID WHEN ISSUED.**

ORIGINATOR: _____

INDEMNIFICATION:

Permittee shall indemnify and hold harmless the County and its officers, employees, agents and instrumentalities from any and all liability, losses or damages, including attorney's fees and costs of defense, which the County or its officers, employees, agents or instrumentalities may incur as a result of claims, demands, suits, causes of actions or proceedings of any kind or nature arising out of, relating to or resulting from the performance of this Contract by that Permittee or its employees, agents, servants, partners principals or subcontractors. Permittee shall pay all claims and losses in connection therewith and shall investigate and defend any claims, suits or actions of any kind or nature in the name of the County, where applicable including appellate proceedings, and shall pay all costs, judgments, and attorney's fees which may issue thereon. Permittee expressly understands and agrees that any insurance protection required by this Contract or otherwise provided by Permittee shall in no way limit the responsibility to indemnify, keep and save harmless and defend the County or its officers, employees, agents and instrumentalities as herein provided.

PERMITTEE

1/30/08
DATE

Form **W-9**
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name: ARYA SAMAJ of MIAMI INC.

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ▶ ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.): 14395 SW 139 CT SUITE 103

Requester's name and address (optional)

City, state, and ZIP code: MIAMI FL. 33186

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: *If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.*

Social security number

or

Employer identification number 65-0152521

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), **and**
2. I am not subject to backup withholding because: **(a)** I am exempt from backup withholding, or **(b)** I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or **(c)** the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item **2** above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 2/3/08

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: *If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.*

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515,** Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Accessible to People with Disabilities (ADA)

1. Five percent (5%) of any portable toilets brought into site, but a minimum of one (1), must be wheelchair accessible. All accessible portable toilet must meet applicable current Building and Zoning codes.

2. Displays/Exhibits shall be set-up so that aisles have a minimum 42 inches clear path for a person with a wheelchair.

3. Displays/Exhibits shall be located no higher than 54 inches if the display allows a parallel approach by a person in a wheelchair. If the clear floor space allows only a forward approach the maximum height should be 48 inches. If vendor booths can not meet the aforementioned standards, vendors must provide access by coming out of their booth to provide service to wheelchair users.

4. Display/Exhibits items must be set up so that they are accessible from existing hard surfaces and/or pathways.

5. If permittee provides special transportation for event participants, it must be accessible to those with disabilities, including people who use wheelchairs.

6. If performers in an event are disabled, stages, showmobiles, and dressing areas must be accessible.

7. Assistive listening devices should be made available, if a public address system is being used. Permittee should provide signage indicating its availability.

8. All information promoting the event should be accessible to people with disabilities, including visual and hearing impairments. All written advertisement for the event must contain the following statement: "FOR MATERIAL IN ACCESSIBLE FORMAT CALL - 755-7848".

I certify that I understand and will comply with all of the above and will abide by and be responsible for all aspects of ADA Legislation and requirements at the local, state, and Federal level. I have also received the Park's Department Leisure Access Services Special Event Information Checklist and understand and agree to follow all of its requirements.

Signature of Applicant

1/30/08
Date

Memorandum

MIAMI-DADE COUNTY

Date: April 8, 2008

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

Background

A retroactive waiver for in-kind services is being requested by a not-for-profit organization Arya Samaj of Miami, Inc. for the annual Spring Festival event held on March 23, 2008.

In-kind services have been requested in an amount not to exceed $1,705 from the Miami-Dade Park and Recreation Department for rental fees for the use of pavilions 2 and 4 at Larry and Penny Thompson Park, park attendants (2) and clean up for 1,000 patrons and pavilions, $1,508 from the Miami-Dade Police Department for personnel services for a total in-kind not to exceed $3,213. This event will be funded from the District 9 in-kind reserve fund.

In FY 2007-08, Arya Samaj of Miami, Inc. has received no County funding for this event.

Inkind6608

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