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

MEMORANDUM

Agenda Item No. 11(A)(41)

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

DATE: October 7, 2008

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

SUBJECT: Resolution retroactively authorizing in-kind services for the July 19 through July 26, 2008 "UOTS Cancer Camp"

Resolution R-1094-08

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

R. A. Cuevas, Jr.
County Attorney

RAC/up

MEMORANDUM

(Revised)

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

DATE: October 7, 2008

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

SUBJECT: Agenda Item No. 11(A)(41)

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)(41)
10-7-08

RESOLUTION NO. R-1094-08

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE JULY 19 THROUGH JULY 26, 2008 "UOTS CANCER CAMP" SPONSORED BY MIAMI CHILDREN'S HOSPITAL, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $1,675.00 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 19 through July 26, 2008 "UOTS Cancer Camp" in an amount not to exceed $1,675.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the UOTS Cancer Camp is a one week sleep-away camp for children with cancer; and

WHEREAS, this free event gives these cancer-stricken children an opportunity to experience an enjoyable week of activities away from the hospital; and

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

WHEREAS, 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 retroactively authorizes in-kind services from the Miami-Dade Park and Recreation Department for the July

19 through July 26, 2008 "UOTS Cancer Camp" in an amount not to exceed $1,675.00 to be funded from the District 6 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Rebeca Sosa. It was offered by Commissioner **Rebeca Sosa**, who moved its adoption. The motion was seconded by Commissioner **Jose "Pepe" Diaz** 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	**absent**
Katy Sorenson	**aye**	Rebeca Sosa	**aye**
Sen. Javier D. Souto	**absent**		

The Chairperson thereupon declared the resolution duly passed and adopted this 7th day of October, 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. GKS

Gerald K. Sanchez

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

New
Grace to Jesse 4/1/08

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 CHILDRE 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 HEMATOLOG-ONCOLOG MIAMI CHILDRENS HOSPITAL. Tel: 305 662 8360 Fax 3056666387; email athena.pefkarou@mch.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee waiver for the use of A.D. BARNES PARK facility for the week of 7/19/08 - 7/26/08

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FEE WAIVER/IN-KIND SERVICES APPLICATION
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5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): UOTS cancer camp is a one week sleep away camp for children with cancer age 7-17 years. The camp gives the opportunity for these children, many of them are treatment all the time to enjoy a week away from the hospital. They remain under safe supervision by Doctors, nurses, child life therapists & experienced well educated counselors. It is mainly funded by UOTS endowment to UMH Foundation.

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)):
A.D. Barnes Park - 3401 S.W. 72nd Avenue
Miami FL 33155
Commissioner Rebecca Sosa ; District 6.

8. Description of regional or local impact:
To the patients and their families.

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

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FEE WAIVER/IN-KIND SERVICES APPLICATION
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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): On opening day the children and their family camp personel ≈ 150 people have brunch on camp site.

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

3/24/08
Date

Memorandum

MIAMI-DADE COUNTY

Date: October 7, 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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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 Miami Children's Hospital Foundation for their UOTS Cancer Camp to be held starting July 19 through July 26, 2008.

In-kind services have been requested in an amount not to exceed $1,675 from the Miami-Dade Park and Recreation Department for the use of park facility at A.D. Barnes. This event will be funded from the District 6 in-kind reserve fund.

In FY 2007-08, Miami Children's Hospital Foundation received $2,000 from District 6 discretionary reserve.

Inkind12808