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

MEMORANDUM

Agenda Item No. 11(A)(40)

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

DATE: December 2, 2008

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

SUBJECT: Resolution retroactively authorizing in-kind services for the October 31, 2008 "2008 Family Fun Night Event"

Resolution No. R-1404-08

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

R. A. Cuevas, Jr.
County Attorney

RAC/up

MEMORANDUM

(Revised)

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

DATE: December 2, 2008

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

SUBJECT: Agenda Item No. 11(A)(40)

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)(40)
12-2-08

RESOLUTION NO. **R-1404-08**

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE OCTOBER 31, 2008 "2008 FAMILY FUN NIGHT EVENT" SPONSORED BY THE SOUTH EAST DADE MINISTERIAL ALLIANCE, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $716.00 TO BE FUNDED FROM THE DISTRICT 9 IN-KIND RESERVE FUND

WHEREAS, the South East Dade Ministerial Alliance, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the October 31, 2008 "2008 Family Fun Night Event" in an amount not to exceed $716.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "2008 Family Fun Night Event" is to provide families with a safe and fun environment to celebrate Halloween; and

WHEREAS, the South East Dade Ministerial Alliance, Inc. is a not-for-profit organization; and

WHEREAS, the "2008 Family Fun Night Event" 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 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 for the

October 31, 2008 "2008 Family Fun Night Event" in an amount not to exceed $716.00 to be funded from the District 9 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner **Sally A. Heyman**, who moved its adoption. The motion was seconded by Commissioner **Carlos A. Gimenez** 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 2nd day of December, 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

Park 10/3/08
#716

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: SOUTHEAST DADE MINISTERIAL ALLIANCE

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.): REV. CLINTON R. TERRY SR
   29871 S.W. 165 AVE, HOMESTEAD FL 33037 (305) 484-6096
   E-MAIL: REVCLINTONSR@BELLSOUTH.NET

4. Specify fee waiver or in-kind service requested (quantify, if applicable): IN KIND SERVICE - MOBILE STAGE.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
   "2008 FAMILY FUN NIGHT EVENT"
   A SAFE ORGANIZED ALTERNATIVE TO TRADITIONAL HALLOWEEN ACTIVITIES. OPEN TO ALL CITIZENS OF THE HOMESTEAD, FLORIDA CITY, SOUTH DADE COMMUNITIES.

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

MOSS
(9)

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

7. Physical address of event venues (please specify Commission District(s)): 201 S.W. 11 AVE - ROBY GEORGE PARK - HOMESTEAD FL COMMISSION MOSS DISTRICT.

8. Description of regional or local impact: A COMMUNITY EFFORT WILL HELP THESE CHILDREN TO ENJOY THESE ACTIVITIES IN A SAFE, NON-THREATENING ENVIRONMENT. TO REDUCE CRIMES WHICH ARE USUALLY HIGH ON HALLOWEEN NIGHT.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 6:00 PM - 10:00 PM

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): BOUNCE HOUSE, GAMES - CRAFTS - MUSIC ENTERTAINMENT, FOOD + DRINKS

11. Expected number of participants and estimated attendance (per day, if applicable): 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): $4,175.00 - BUDGET

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

Signature of Authorized Representative

9/30/08
Date

Pete,
Hi I want to check availability.
Thanks!
Cely

MIAMI-DADE PARKS & RECREATION DEPARTMENT
SHOWMOBILE, STAGES, BLEACHERS, SOUTH & PRODUCTION
Phone: (305) 324-5315 x 8
Fax: (305) 553-8511

EQUIPMENT CONFIRMATION FORM

ORGANIZATION/AGENCY: Office of Commissioner Dennis C. Moss

EQUIPMENT REQUESTED: Stage 24x40' unscreened

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Dennis C. Moss

BILLING ADDRESS/ ZIP CODE: 111 N.W. 1st Street, Suite 620, Miami, Florida 33128

NAME/TITLE OF THE EVENT: Family Fun Night Event

ADDRESS OF EVENT: 201 SW 11 ave, Hialeah Fl

TODAY'S DATE: Sept 24.08

DATE (S) OF EVENT: Oct 31

SET-UP TIME & DAY: Oct 31 @ 4pm

TAKE-DOWN & DAY: Oct 31 @ 12pm

CONTACT PERSON/PHONE: Rev. Clinton R. Terry

AT SITE CONTACT/CELL PHONE #: 484-6096

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.

Please contact organization for special instructions.

OTHER INFORMATION: Include additional equipment if needed.

Please see attached request letter

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 restitled (5) five working days before the event.

please sign

In-Kind Comm. Moss.

*Fee: $ 716 —
*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: [signature]
Agency/Group

CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED ½ (HALF) OF RENTAL FEE.
*There will be no completed reservation on the schedule unless the confirmation Form is filled out completely and signed.

✓ In-Kind ___ Budget Allocation

*Ashley, please have Rev. Terry sign this form to confirm the availability of the stage

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

SOUTH EAST DADE MINISTERIAL ALLIANCE, INC.

Filing Information

Document Number	N93000002316
FEI Number	650406560
Date Filed	05/19/1993
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	06/19/2003
Event Effective Date	NONE

Principal Address

COMMUNITY PLAZA
15600SW 288TH ST., SUITE 401
HOMESTEAD FL 33033

Changed 06/12/2007

Mailing Address

P.O. BOX 901471
HOMESTEAD FL 33030-1449

Changed 02/28/2001

Registered Agent Name & Address

TERRY, CLINTON R REV
29871 SW 165 AVE
HOMESTEAD FL 33033 US

Name Changed: 02/28/2001

Address Changed: 01/30/2004

Officer/Director Detail

Name & Address

Title PD

TERRY, CLINTON R REV
29871 SOUTHWEST 165 AVENUE
HOMESTEAD FL 33033

Title VD

FERGUSON, LARRY REV.
205 NW 7TH AVENUE

8

FLORIDA CITY FL 33034

Title TD

SCOTT, WILLIE BISHOP
14320 SW 104 COURT
MIAMI FL 33176

Title D

WILLIAMS, CHARLIE BISHOP
10720 SW 218 ST.
GOULDS FL 33170

Title SD

THOMAS, CURTIS REV
1055 NW 6 AVENUE
FLORIDA CITY FL 33034

Annual Reports

Report Year	Filed Date
2006	02/03/2006
2007	02/02/2007
2008	01/31/2008

Document Images

01/31/2008 -- ANNUAL REPORT	View image in PDF format
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12/24/1997 -- REINSTATEMENT	View image in PDF format

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

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Vazquez, Maricely (DIST9)

From: Byrnes, Timothy (MDPR)
Sent: Monday, October 06, 2008 4:42 PM
To: Vazquez, Maricely (DIST9)
Cc: Gonzalez, Ana (MDPR); Morgan, Tom (MDPR)
Subject: Stage request for 10/31/08

Ms. Vazquez, October 31st is a very busy day for us the only item that we left in the inventory of showmobile and stages that has not been confirmed is a medium showmobile that I have taken the liberty to reserve it for the "Family Fun Night" in Homestead. The rental rate for the time requested by Rev Terry is $1,155.00, but we will honor the $716.00 that it appears that Pete Dingler already quoted you on the conformation sheet for a stage. Please let me know if this works and I will forward to you an updated conformation sheet.
Thank you, Tim Byrnes

Tim Byrnes, Tropical Park/Trail Glades Range/Showmobile Service Area Manager
Miami-Dade County Park and Recreation Department
Tropical Park 7900 SW 40th Street, Miami, FL 33155
305-226-8315 Phone, 305-553-8511 Fax
www.miamidade.gov/parks
"Delivering Excellence Every Day"

Memorandum

MIAMI-DADE COUNTY

Date: December 2, 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 has been requested by a not-for-profit organization the South East Dade Ministerial Alliance, Inc. for their "2008 Family Fun Night" event held on October 31, 2008.

In-kind services have been requested in an amount not to exceed $716.00 from the Miami-Dade Park and Recreation Department for the use of a 24'X40' stage. This event will be funded from the District 9 in-kind reserve fund.

In FY 2008-09, the South East Dade Ministerial Alliance, Inc. has received no county funding for this event.

Inkind01809