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

MEMORANDUM Agenda Item No. 11(A)(28)

TO: Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners

DATE: April 7, 2009

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

SUBJECT: Resolution retroactively authorizing in-kind services for the March 15, 2009 "Spring Festival" event sponsored by Arya Samaj of Miami, Inc.

Resolution No. R-399-09

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

R. A. Cuevas, Jr.
County Attorney

RAC/cp

RESO\2078

MEMORANDUM

(Revised)

TO: Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners

DATE: April 7, 2009

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

SUBJECT: Agenda Item No. 11(A)(28)

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 Mayor'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)(28)
4-7-09

RESOLUTION NO. **R-399-09**

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT AND THE MIAMI-DADE POLICE DEPARTMENT FOR THE MARCH 15, 2009 "SPRING FESTIVAL" SPONSORED BY ARYA SAMAJ OF MIAMI, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $3,746.00 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 15, 2009 "Spring Festival" in an amount not to exceed $3,746.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the annual "Spring Festival" is a free event which brings the community together by featuring, among other things, free food and drinks, dancing, singing and folk music; and

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

WHEREAS, the "Spring Festival" is a district event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $3,746.00 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 15, 2009 "Spring Festival" in an amount not to exceed $3, 746.00 to be funded from the District 9 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Chairman Dennis C. Moss. It was offered by Commissioner **Joe A. Martinez**, 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:

Dennis C. Moss, Chairman	**aye**		
Jose "Pepe" Diaz, Vice-Chairman	**aye**		
Bruno A. Barreiro	**absent**	Audrey M. Edmonson	**aye**
Carlos A. Gimenez	**aye**	Sally A. Heyman	**aye**
Joe A. Martinez	**aye**	Barbara J. Jordan	**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 7th day of April, 2009. 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

Parks - 1810
Police - 1936
3746 ~~$3,330.39~~

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

Approved by WGB 2/5/09

Please complete the following form and submit completed form along with requested materials, if applicable, to:

Office of Commissioner Dennis C. Moss
Board of County Commissioners
District 9
111 N.W. 1st Street, Suite 320
Miami, Florida 33128

Wayman G. Bannerman
Chief of Staff
Phone: (305) 375-4832
Fax: (305) 372-6011

Type of Event/Application (Select one of the following):

- [x] 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.)

"For District 9 Office Staff Use Only, however please note that an event budget must be included for "Special and "Major" Event types"

Commissioner Sponsoring Event: COMMISSIONER DENNIS C. MOSS

1. **Full legal name of the requesting organization:** ARYA SAMAJ OF MIAMI INC.

2. **Applicant Status:** (Select one of the choices below)
   - [x] 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@MIAMIDADE.GOV

4. **Specify fee waiver or in-kind service requested** (quantify, if applicable): PACKAGE SUBMITTED TO:
   MS. MARICELY VAZQUEZ. TOTAL: ~~$3,330.39~~

5. **Name, date of event, description, and purpose of the event** (If event is a fund-raiser, define the beneficiaries): 3/15/2009. ANNUAL SPRING FESTIVAL. FREE TO THE PUBLIC. CULTURAL DANCING, SINGING, FOLK SONG AND DJ MUSIC. FREE FOOD AND DRINKS. MANY OUT-OF-TOWN PARTICIPANTS AND OVERSEAS SUPPORTERS

6. **Please select ALL that apply to event:**
   - [x] Economic Development: Event supports vitality or growth of the local economy
   - [x] 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
   - [x] 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)): LARRY & PENNY THOMPSON PARK.
   12451 SW 184 ST, SHELTER #2 & #4.
   COMMISSIONER DENNIS MOSS. DISTRICT #9

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MOS
(97)

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
PAGE 2

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

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 3/15/09 8AM TO 6 PM.

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) GO WEST TO 124 AVE. LARRY & 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): APPROX. 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 #1 ($3,330.39) HOST ORGANIZATION WILL COVER ALL OTHER RELATED EXPENSES: FOOD, DRINKS, DJ MUSIC, EQUIPMENT, T-SHIRTS, COSTUMES AND FLYERS AND SPECIAL EVENT INSURANCE.

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

Signature of Authorized Representative

1/28/2009
Date

SPRING FESTIVAL 2009

15-Mar-09

LARRY & PENNY THOMPSON PARK

EXPENDITURE			
ARYA SAMAJ OF MIAMI			
Participants Refreshments	$	300.00	
DJ Music / Equipment	$	350.00	
T-Shirts, Costume	$	600.00	
Flyers	$	75.00	
Special Event Insurance	$	450.00	
	$	1,775.00	
	TOTAL		$ 1,775.00
IN-KIND SERVICES			
5 Police Officers	$	1,081.25	1,936
~~Portable Toilets~~	$	439.14	NO
Larry & Penny Park Fees	$	1,810.00	1810.00
	$	3,330.39	3330.39
	TOTAL		$ 5,105.39

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY) 01/26/09

PRODUCER Amity Group Inc.
P.O. Box 971608
Miami, FL 33197
Phone (305)225-1899 Fax (305)235-9619

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED ARYA SAMAJ OF MIAMI INC

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: BURLINGTON INSURANCE COMPAN	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES

THE POLICIES OF INSURANCE LISTED HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	☐	GENERAL LIABILITY ☑ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☑ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC	321B002334	03/15/09	03/15/09	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $100,000 $5,000 $1,000,000 $1,000,000 INCLUDED
	☐	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	
	☐	GARAGE LIABILITY ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	
	☐	EXCESS/UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE ☐ RETENTION $				EACH OCCURRENCE AGGREGATE	
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER / MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				☐ WC STATUTORY LIMITS ☐ OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

SPRING FESTIVAL AT LARRY AND PENNY THOMPSON PARK, 12451 SW 184 ST, SHELTER #2 MIAMI FL 33177
MIAMI DADE COUNTY IS INCLUDED AS AN ADDITIONAL INSURED

CERTIFICATE HOLDER

MIAMI-DADE COUNTY
111 NW 1ST STREET
MIAMI FL 33128

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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Rental Document - Test
United Site Services of Florida, Inc.

December 5, 2008 11:19:41 AM
Page: 1
scoole

Rental Document: Document Type: Order, No.: 0-33562
The totals for this Order represent billings thru March 13, 2009.

Order 0-33562

Sell-to	Bill-to	Ship-to
ASI-19963	ASI-19963	
OFFICE OF COMMISION OF	OFFICE OF COMMISION OF	LARRY AND PENNY THOMPSON PAR
DENNIS MOSS	DENNIS MOSS	12451 SW 184TH STREET
NEVILLE RAMPASAUD	NEVILLE RAMPASAUD	MIAMI, FL 33177
14550 SW 110 ST	14550 SW 110 ST	
MIAMI, FL 33186	MIAMI, FL 33186	

Customer P.O.		Payment Terms Code	DOR	Shipment Method Code	
Posting Date	12/05/08	Due Date	03/13/09	Salesperson Code	SCC
Document Date	03/13/09	Pmt. Discount Date	03/13/09	Currency Code	
Invoice Disc. %	0	Payment Discount %	0	Currency Factor	

Rental Lines

No.	Description	Quantity	Unit Price	Invoice From Date	Invoice Thru Date	Line Disc%	Extended Amount	Tax Amount	Line No.
DXR	Deluxe Restroom--WITH LATCHES	4	85.00	03/13/09	03/16/09		340.00		10000 R
Warning!	You must enter shipments when Shipping Required is 'Yes'								
DEL / PU	Delivery / Pickup	1	50.00	03/13/09	03/16/09		50.00		30000 R
ECF	Environmental, Compliance,Fuel						49.14		C
				Total $			439.14		
				Tax Amount $			0.00		
				Total $ Incl. Tax			439.14		

Sales Tax Breakdown

Tax Jurisdiction	Tax %	Tax Base Amount	Tax Amount
FL-EXEMPT	0	439.14	0.00

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MIAMI-DADE COUNTY PARKS & RECREATION

PARK AND RECREATION DEPARTMENT
SPECIAL EVENT
APPLICATION

1/28/2009
Date of Application

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

Mailing Address: 23620 SW 125 AVE Zip: 33032-2602 Phone: 305-790-5488

Represented By: NEVILLE RAMPERSAUD Title: PRESIDENT

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

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

Location or Park Area requested: LARRY & PENNY THOMPSON; 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 SHELTER #2 AND #4, COMPLETE PLAYING FIELD. THIS SPRING FESTIVAL IS AN ANNUAL EVENT, CELEBRATED AT THIS PARK FOR THE LAST 10 YEARS. IT MARKS THE COMING OF SPRING; VISITORS FROM ORLANDO, N.YORK, CANADA JOIN WITH THE SOUTH DADE COMMUNITY TO CELEBRATE THIS EVENT.

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

Dates of Event: 15 MARCH 2009

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

From: 3/15/09 To: 3/15/09

Hours of Operations: 0800 HRS TO 1800 HRS

Estimated Size of Crowd: APPROX. 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

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MIAMI-DADE

Name of Event: Spring Festival
Date: 3-15-09
Fee Summary

Description of charges	Fee
11:00am—6:00pm	
(2) Park Attendants @ $22.00 x 5 hours each	$220.00
Shelter 2&4 Rental	$340.00
Shelter Clean-up Deposits	$210.00
Open Area @ 1000 Patrons	$590.00
Area Clean-up Deposit	**$400.00**
Will be responsible for the following *****	
Total Due	**$1810.00**

***** Event Director's Responsibility

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

MIAMI-DADE COUNTY PARKS & RECREATION

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 2008 (MARCH) LARRY & PENNY
SAME LOCATION

2. SPRING FESTIVAL 2007 MARCH
SAME LOCATION

3. SPRING FESTIVAL 2006 MARCH
SAME LOCATION

4. SPRING FESTIVAL 2005 MARCH
SAME LOCATION

5. SPRING FESTIVAL 2004 MARCH
SAME LOCATION

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

Date	Event	Person	Amount Owed

MIAMI-DADE COUNTY PARKS & RECREATION

SPECIAL EVENT SALE OF GOODS

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

Item	Price
NO SALE OF GOODS	
EVERYONE BRING THEIR OWN	
REFRESHMENTS	
EVERYTHING IS FREE	
ARYA SAMAJ OF MIAMI PROVIDE FREE FOOD	
AND REFRESHMENTS TO:	
POLICE OFFICERS, PARK ATTENDANTS	
AND PROGRAM PARTICIPANTS.	

[signature] PRESIDENT 1/28/09

Signed by Permittee Title Date

MIAMI-DADE COUNTY PARKS & RECREATION

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
REFRESHMENTS FOR PARTICIPANTS	300.00
DJ MUSIC / EQUIPMENT	350.00
T-SHIRTS, COSTUME	600.00
FLYERS	75.00
SPECIAL EVENT INSURANCE	450.00
Total Expenses:	1775.00
Net Income Expected:	ZERO

DETAILED IN KIND SERVICES

Item	Value of Contribution
5 POLICE OFFICERS (5 x 43.25)	1081.25
PORTABLE TOILETS	439.14
LARRY & PENNY PARK FEES	1810.00
Total Value	3330.39

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

ZERO INCOME GENERATED.

MIAMI-DADE COUNTY PARKS & RECREATION

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 10 x 10)

Indicate size and number of tents: ____

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

Describe who where, and what time music will be presented: 2PM @ SHELTER #2
SINGING / FOLK SONGS 12 NOON TO 2PM
DJ music 2pm - 5pm.

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.

MIAMI-DADE COUNTY PARKS & RECREATION

REGULATORY AND PUBLIC SAFETY REQUIREMENTS

Outside of the Park and Recreation Department, many other agencies, including regulatory and public safety, require permits for the execution of a Special Event. These agencies set their own requirements and fees. It is the responsibility of the Event Organizer to obtain these permits and provide adequate crews for execution of clean up and traffic flow.

GSA Risk Management

At a minimum, the following insurance must be obtained prior to the event.
General Public Liability between $300,000 to $1 million coverage, depending upon event activities:

Automobile Liability Insurance of at least $300,000
Liquor Liability Insurance (if wine and/or beer being served)
Miami-Dade County must be listed as Co-Insured

The Office of Risk Management reviews each event on a case-by-case basis.

Security/Police-Contact Miami-Dade Police 305-471-2800

The Miami-Dade Police Department or appropriate municipal jurisdiction reviews each event on a case-by-case basis, but generally follows these guidelines:

One (1) off-duty police officer is required for every 200 people
One (1) sergeant is required for every five (5) officers
One (1) lieutenant is required for every three (3) sergeants

Portable Restrooms-The promoter must supply utilizing a licensed company.

One (1) portable restroom is required for every 200 people
Five percent (5%) of the total amount of restrooms brought must be handicap accessible
In the case of only 200 in attendance, at least one (1) of the portable restrooms must be accessible

Average Time at Event (Hrs)

Peak Crowd	1	2	3	4
500	2	4	4	4
1000	4	4	5	6
2000	5	7	8	9
3000	6	9	11	11
4000	7	11	13	14
5000	8	12	15	17

Solid Waste-The promoter must supply utilizing a licensed company.

All Class "A" events require a minimum 40-cubic-yard dumpster
All Class "B" or "C" events require a minimum 20-cubic-yard dumpster

Requirements may increase based on anticipated attendance. The Park Manager determines placement of all waste disposal containers and trash receptacles.

Traffic Flow/Vehicle Parking-Miami-Dade Off Duty Police 305-471-2800

A minimum 10-person team with supervisor is required for Class"A" events
A minimum 5-person team with a supervisor is required for Class "B" or "C" events

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 125AVE
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 instruction on back, use separate attached pages, if necessary.)

by Neville Ramprsaud 1/28/ 20 09
Signature of Affiant Date

SUBSCRIBED AND SWORN TO (or affirmed) before me this 28 JAN. 2009

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

presented _____ as identification.
(Type of identification)

Kerwick Persaud DD 798734
(Signature of Notary) (Serial Number)

KERWICK PERSAUD 06/18/2012
(Print or Stamp Name of Notary) (Expiration Date)

Notary Public FLORIDA Notary Seal
(State)

NOTARY PUBLIC STATE OF FLORIDA
Kerwick Persaud
Commission #DD798734
Expires: JUNE 18, 2012
BONDED THRU ATLANTIC BONDING CO., INC.

Key to Completing Disclosure Affidavit

IN ACCORDANCE WITH METRO-DADE COUNTY ORDINANCE 88-121, ADOPTED DECEMBER 20, 1988, EVERY COMPANY OR SOLE PROOPRIETORSHIP INTERESTED IN CONDUCTING BUSINESS WITH METRO-DADE COUNTY, FLORIDA, IS RESPONSIBLE FOR SUBMITTING TO THE COUNTY THIS DULY EXECUTED DOCUMENT, TO BE INCLUDED WITH THE REQUIRED APPLICATION AND ADMINISTRATIVE FEE. THE FOLLOWING IS TO BE DISCLOSED IN THE AFFIDAVIT.

I, NEVILLE RAMPERSAUD (Typed or printed name of corporate officer or owner who shall be signing as affiant before a notary.)

1) Name/physical address of person or business (may include a local address as well as the corporate address, if different.)

2) Information pertaining to the ownership of any business, such as corporations, trusts, partnerships, or sole proprietorships (additional pages, or attachments are permissible).

3) Information pertaining to parties with other financial/beneficial interests in the business.

Sign and date the Affidavit before a registered Notary Public of the State in which the affiant resides.

NOTE: While publicly traded corporations are not required to complete this affidavit, many have aided Metro-Dade's record keeping by submitting to the GSA Procurement Management Division either the Affidavit or a letter stating that the business is publicly traded, or is a wholly owned subsidiary of a publicly traded corporation, and the name of the stock exchange(s) and symbol by which it is known. An accompanying annual report or published list of directors is also useful.

INSURANCE REQUIREMENTS

The Permittee shall maintain the required insurance during the term of this permit. Certificates of Insurance shall be provided to the County evidencing the following insurance coverage:

a) Public Liability on a comprehensive basis, products and completed operations (if applicable) in an amount not less than $1,000,000 combined single limit for Bodily Injury and Property Damage. Policy shall be endorsed to name Miami-Dade County as an additional insured, and that no modification, change or cancellation of insurance will be made without 30 days written notice to the certificate holder.

b) Automobile Liability Insurance for all owned, non-owned and hired vehicles used in connection with the permit, in an amount not less than $300,000 combined single limit for Bodily Injury and Property Damage. If State Law requires a higher minimum limit of liability because of the type of operation covered by this permit, then the Permittee shall be required to maintain insurance in compliance with State Law. The County's Risk Management Division reserves the right to amend these insurance requirements if it is in the best interest of the County to do so. The Permittee must deliver a Certificate of Insurance to the Department before undertaking any operation.

c) Other insurance as may be required by the type of activity, i.e. construction, construction access, etc.

Certificate Holder Box must read

Miami-Dade County
111 NW 1 Street
Suite 2340
Miami, FL 33128

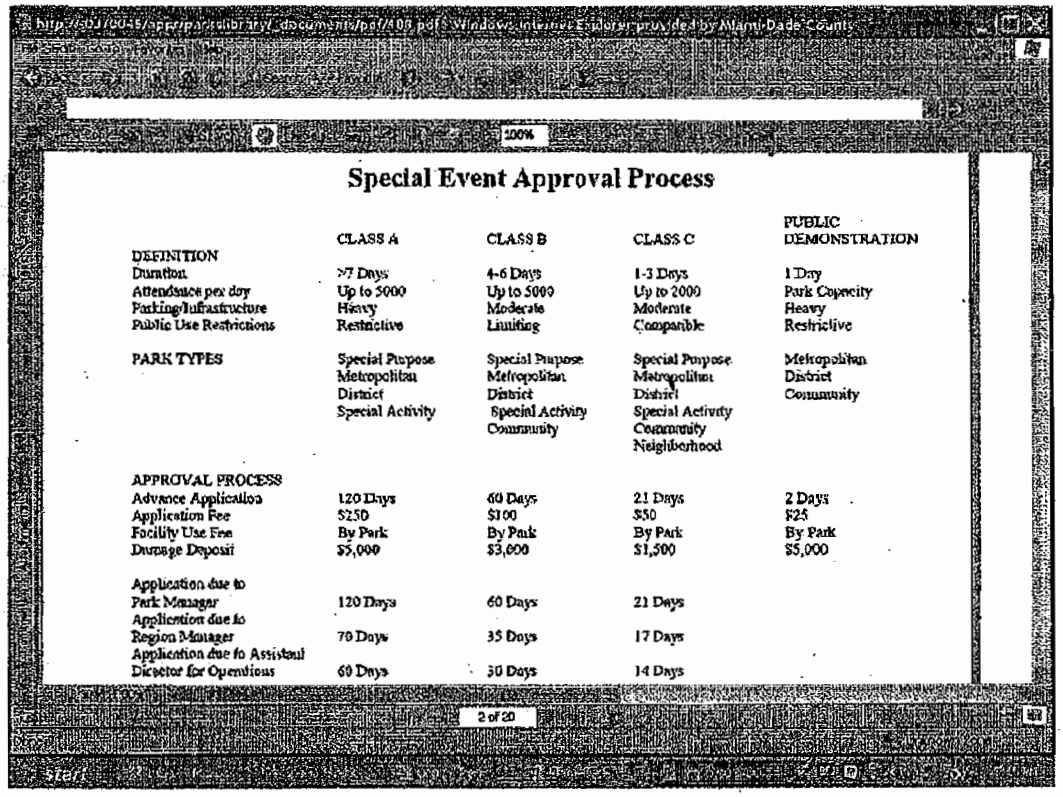
RECREATION
SPECIAL EVENT PERMIT
REQUIRED DOCUMENT AND ATTACHMENT CHECKLIST
*USED FOR NON SPORTING EVENTS

Event Name _____

Event Dates _____

Item	"X" One Yes	N/A
1. Typed/Completed Permit		
2. Completed Application		
3. A.D.A. Affidavit		
4. Notarized Disclosure Affidavit		
5. Indemnification		
6. Insurance Certificate (Verify additional insured info.) Miami Dade County 111 NW 1 St. Suite 2340 Miami, Fl 33128		
7. Articles of Incorporation http://sunbiz.org/search.html		
8. State Certificate of Tax Exemption-Special Event fee is taxable		
9. Attach flyer or brochure where available		
10. Site Map indicating area to be used		

http://s0370045/apps/parkslibrary/_documents/pdf/188.pdf



Special Event Approval Process

	CLASS A	CLASS B	CLASS C	PUBLIC DEMONSTRATION
DEFINITION				
Duration	>7 Days	4-6 Days	1-3 Days	1 Day
Attendance per day	Up to 5000	Up to 5000	Up to 2000	Park Capacity
Parking/Infrastructure	Heavy	Moderate	Moderate	Heavy
Public Use Restrictions	Restrictive	Limiting	Compatible	Restrictive
PARK TYPES	Special Purpose Metropolitan District Special Activity	Special Purpose Metropolitan District Special Activity Community	Special Purpose Metropolitan District Special Activity Community Neighborhood	Metropolitan District Community
APPROVAL PROCESS				
Advance Application	120 Days	60 Days	21 Days	2 Days
Application Fee	$250	$100	$50	$25
Facility Use Fee	By Park	By Park	By Park	By Park
Damage Deposit	$5,000	$3,000	$1,500	$5,000
Application due to Park Manager	120 Days	60 Days	21 Days	
Application due to Region Manager	70 Days	35 Days	17 Days	
Application due to Assistant Director for Operations	60 Days	30 Days	14 Days	

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

21

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
2006	04/27/2006
2007	04/29/2007
2008	04/30/2008

Document Images

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

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No Events **No Name History** Entity Name

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Memorandum

MIAMI-DADE COUNTY

Date: April 7, 2009

To: Honorable Chairman, Dennis C. Moss
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 15, 2009.

In-kind services have been requested in an amount not to exceed $1,810 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 and $1,936 from the Miami-Dade Police Department for personnel services for a total in-kind not to exceed $3,746. This event will be funded from the District 9 in-kind reserve fund.

In FY 2008-09, Arya Samaj of Miami, Inc. has received no county funding for this event.

Inkind05509