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

MEMORANDUM

Agenda Item No. 11(A)(36)

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 February 28, 2009 "6th Annual Family Festival of Arts and Games"

Resolution No. R-407-09

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Senator Javier D. Souto.

R. A. Cuevas, Jr.
County Attorney

RAC/up

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)(36)

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)(36)
4-7-09

RESOLUTION NO. **R-407-09**

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE FEBRUARY 28, 2009 "6TH ANNUAL FAMILY FESTIVAL OF ARTS AND GAMES" SPONSORED BY CREATIVE CHILDREN THERAPY, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $3,390.00 TO BE FUNDED FROM THE DISTRICT 10 IN-KIND RESERVE FUND

WHEREAS, Creative Children Therapy, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the February 28, 2009 "6th Annual Family Festival of Arts and Games" event in an amount not to exceed $3,390.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "6th Annual Family Festival of Arts and Games" offers people with disabilities (ages 3 to 21) and their families an opportunity to interact with their peers in the community, and participate in activities that foster, among other things, self-awareness, creative expression, social interaction and culture; and

WHEREAS, Creative Children Therapy, Inc. is a not-for-profit organization; and

WHEREAS, the "6th Annual Family Festival of Arts and Games" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $3,390.00 of the in-kind services shall be funded from the District 10 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

February 28, 2009 "6th Annual Family Festival of Arts and Games" event in an amount not to exceed $3,390.00 to be funded from the District 10 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Senator Javier D. Souto. 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

2/28
Parks - 3390 District

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
FY 2008-09

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:

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.****

Commissioner sponsoring event Commissioner, Senator Javier D. Souto

1. Full legal name of the requesting organization: Creative Children Therapy, 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.): title: Program Director
Name: Yani Trevin Rubio, 12608 SW 88th Street, Miami, FL 33186
phone: 305-412-4177; fax: 305-412-6301
email: ytrubio@yahoo.com; yrubio@creative-children.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Fee waiver requested is for the showmobile stage for performances by children with and without disabilites for a cost of ~~$3140.~~ 3390
showmobile
sound system
tents
microphones

(10)
Souto

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

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): 6th Annual Family Festival of Arts and Games; Saturday, February 28, 2009; 10am to 4pm; The purpose of the event is to provide a one-day free event for the local community. The event offers persons with disabilities (children aged 3 to 21) & their families an opportunity to interact with their peers in the community, to increase awareness of their abilities & individually participate in activities that foster creative expression, personal interests, social interaction, culture, and movement.

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)): Kendall Indian Hammocks Park; 11395 SW 79th Street, Miami, FL 33173; District 10.

8. Description of regional or local impact: Families of children with disabilities have the opportunity to come to the park together with all the siblings & participate with typical peers, enjoying an out-of-doors experience. This event offers these families of the local Miami-Dade County community to see their children perform on stage, engage in recreational activities, and through these experiences, and get to know other families of children with disabilities.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Last year's schedule of events is attached. This year's format will be very similar. Set-up time 7am - 10am, festival time is 10am - 4pm and breakdown is 4pm - 5:30pm.

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 3

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): See attached map from last year's event.

11. Expected number of participants and estimated attendance (per day, if applicable): one day event; 500-600 is expected number of participants.

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): See attached sheet. We are currently receiving supply donations from families. See attached list of supplies - costing approximately $10,000.

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

Signature of Authorized Representative

1-30-09
Date

ITEM	COST	COMMENTS
SHOWMOBILE LARGE DELIVERY, SET UP, BREAKDOWN, & PICK UP	$ 350.00	
MEDIUM SOUND SYSTEM 9AM TO 5PM LOAD IN, STRIKE, LOAD OUT AND FIRST HOUR OF USAGE 5 ADDITIONAL HOURS SUB-TOTAL	$ 605.00 $ 425.00 $1,030.00	$85.00 PER HOUR
TECHNICAL SERVICE	$ 720.00	$90.00 PER HOUR
GENERATOR 25KW	$ 250.00	
6 PLANTS	$ 30.00	$5.00 EACH
2 ELECTRICAL BREAKOUT BOXES	$ 150.00	$75.00 EACH, FOR COTTON CANDY, POP CORN MACHINES, PA SYSTEM, AND BOUNCE HOUSES
TEN 100' ELECTRICAL EXTENSION CORDS	$ 100.00	$10.00 EACH, SAME AS ABOVE
6 WIRELESS MICROPHONES, WITH STANDS	$ 510.00	$85.00 EACH
~~2 HANDS FREE MICROPHONES~~	~~$ 330.00~~	~~$165.00 EACH~~
2 BOUNCE HOUSES RENTAL FIRST FOUR HOURS RENTAL TWO ADDITIONAL HOURS UNIT TOTAL X TWO UNITS SUB TOTAL	$ 140.00 $ 70.00 $ 210.00 X 2 $ 420.00	$35.00 EACH ADDITIONAL HOUR
TOTAL ESTIMATED EVENT COST	~~$3,720.00~~ $3,560.00	

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: MAY 01 2008

Employer Identification Number:
54-2116901
DLN:
17053103732038
Contact Person:
GERALD MINK
Contact Telephone Number:
(877) 829-5500
Public Charity Status:
509(a)(2)

ID# 31228

CREATIVE CHILDREN THERAPY INC
12608 SW 88 TH ST.
MIAMI, FL 33186

Dear Applicant:

Our letter dated AUGUST 30, 2004, stated you would be exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code, and you would be treated as a public charity, rather than as a private foundation, during an advance ruling period.

Based on the information you submitted, you are classified as a public charity under the Code section listed in the heading of this letter. Since your exempt status was not under consideration, you continue to be classified as an organization exempt from Federal income tax under section 501(c)(3) of the Code.

Publication 557, Tax-Exempt Status for Your Organization, provides detailed information about your rights and responsibilities as an exempt organization. You may request a copy by calling the toll-free number for forms, (800) 829-3676. Information is also available on our Internet Web Site at www.irs.gov.

If you have general questions about exempt organizations, please call our toll-free number shown in the heading.

Please keep this letter in your permanent records.

Sincerely yours,

Robert Choi
Director, Exempt Organizations
Rulings and Agreements

Letter 1050 (DO/CG)

PROJECT EXPENSE BUDGET

List all project expenses. Round amounts to the nearest dollar (do not show cents). Provide an additional sheet with an itemized budget for any items in the "Other Costs" category above $5,000. NOTE: Total project expenses and revenues must equal

			Total Cash Expenses =	Grant Dollars Allocated +	Cash Match	*In-kind Contributions
Personnel						
Administrative:	Number of Employees:	30	7,000	500	6,500	4,000
Artistic:	Number of Artists:	3	2,000	1,000	1,000	
Technical:	Number of Employees:					
Outside Artistic Fees:	Number of Artists:	10	4,000	2,000	2,000	
Outside Other Fees:	Number of Employees:	30				1,500
Marketing/Publicity			2,000		1,000	250
Printing			2,000		2,000	500
Postage			500		500	
In County Travel						
Out of County Travel						
Equipment Rental			9,000	4,000	5,000	
Equipment Purchase			2,000		2,000	
Space Rental						1,000
Insurance			250		250	
Utilities						
Supplies/Materials			6,000	2,000	4,000	
Other Costs (itemize below):						
Tshirts & Award			3,000	500	2,500	
Food Drinks			2,500		2,500	
porta path						500

(34) **GRANT AMOUNT REQUESTED** (Must equal #38 on Page 7)		10,000		
(35) **TOTAL CASH EXPENSES** (Must equal #39 on Page 7)	40,250 =	10,000 +	30,250	
(36) **TOTAL *IN-KIND CONTRIBUTIONS** (Must equal #40 on Page 7)				8,750
(37) **TOTAL PROJECT EXPENSES** (CASH + IN-KIND) (Must equal #41 on Page 7)	$49,000	Sum of #35 Cash & #36 In-kind		

***In-kind contributions** are the documented fair market value of non-cash contributions provided to the grantee by third parties which consist of real property or the value of goods and services.

Form **W-9** (Rev. October 2007) 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 (as shown on your income tax return)
Creative Children Therapy, Inc

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☑ Corporation ☐ Partnership
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
12608 SW 88 Street

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. The TIN provided must match the name given on Line 1 to avoid backup withholding. 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
54 2116901

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. citizen or other U.S. person (defined below).

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 ▶ Date ▶ 01/30/09

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

CREATIVE CHILDREN THERAPY, INC.

Filing Information

Document Number	N03000005194
FEI Number	542116901
Date Filed	06/17/2003
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	10/20/2008
Event Effective Date	NONE

Principal Address

12608 SW 88TH ST.
MIAMI FL 33186

Changed 05/03/2004

Mailing Address

12608 SW 88TH ST.
MIAMI FL 33186

Changed 05/03/2004

Registered Agent Name & Address

ORFILA, MARIA R
12608 SW 88TH ST.
MIAMI FL 33186 US

Name Changed: 08/16/2004

Address Changed: 08/16/2004

Officer/Director Detail

Name & Address

Title DVP

ORFILA, MARIA R

12

12608 SW 88 STREET
MIAMI FL 33186

Title S

ORFILA, MARIA R
12608 SW 88TH STREET
MIAMI FL 33186

Title DP

MENENDEZ, LISSETTE
12608 SW 88 STREET
MIAMI FL 33186

Title D

VILLASANTE, ROBERTO
12608 SW 88 STREET
MIAMI FL 33186

Title T

ARRAZOLA, MARIA C
12608 SW 88 STREET
MIAMI FL 33186

Annual Reports

Report Year	Filed Date
2006	07/05/2006
2007	07/12/2007
2008	10/20/2008

Document Images

10/20/2008 -- REINSTATEMENT	View image in PDF format
07/12/2007 -- ANNUAL REPORT	View image in PDF format
07/05/2006 -- ANNUAL REPORT	View image in PDF format
03/23/2005 -- ANNUAL REPORT	View image in PDF format
08/16/2004 -- ANNUAL REPORT	View image in PDF format
05/03/2004 -- ANNUAL REPORT	View image in PDF format
05/03/2004 -- Amendment	View image in PDF format
06/17/2003 -- Domestic Non-Profit	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

Events **No Name History** Entity Name S

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Arlene, below please find the latest estimate on your 02/28/09 event at Kendall Indian Hammocks Park, included the additional items that you requested last week:

ITEM	COST	COMMENTS
SHOWMOBILE LARGE ➢ DELIVERY, SET UP, BREAKDOWN, & PICK UP	$ 350.00	
MEDIUM SOUND SYSTEM 9AM TO 5PM ➢ LOAD IN, STRIKE, LOAD OUT AND FIRST HOUR OF USAGE ➢ 5 ADDITIONAL HOURS ➢ SUB-TOTAL	$ 605.00 $ 425.00 $1,030.00	$85.00 PER HOUR
TECHNICAL SERVICE	$ 720.00	$90.00 PER HOUR
GENERATOR 25KW	$ 250.00	
6 PLANTS	$ 30.00	$5.00 EACH
2 ELECTRICAL BREAKOUT BOXES	$ 150.00	$75.00 EACH, FOR COTTON CANDY, POP CORN MACHINES, PA SYSTEM, AND BOUNCE HOUSES
TEN 100' ELECTRICAL EXTENSION CORDS	$ 100.00	$10.00 EACH, SAME AS ABOVE
4 WIRELESS MICROPHONES, WITH STANDS	$ 340.00	$85.00 EACH
~~2 HANDS FREE MICROPHONES~~	~~$ 330.00~~	~~$165.00 EACH~~
2 BOUNCE HOUSES ➢ RENTAL FIRST FOUR HOURS ➢ RENTAL TWO ADDITIONAL HOURS ➢ UNIT TOTAL ➢ X TWO UNITS ➢ SUB TOTAL	$ 140.00 $ 70.00 $ 210.00 X 2 $ 420.00	$35.00 EACH ADDITIONAL HOUR
TOTAL ESTIMATED EVENT COST	~~$3,720.00~~ $3,390.00	

Trusting if you have any additional questions you will contact our office, let me know if we should proceed with this event following the aforementioned equipment list.
Tim

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"

From: Byrnes, Timothy (MDPR)
Sent: Saturday, January 31, 2009 7:29 AM
To: Naumann, Andre (DIST10)
Cc: Gonzalez, Ana (MDPR); Morgan, Tom (MDPR); Bogaards, Jay (MDPR)
Subject: FW: Souto's Office (In-kind for Winston Park K-8) & Cancer Society (relay for life)
Importance: High

Mr. Naumann,
Thanks for your assistance yesterday in clarifying that we were speaking of two different events. Please find below the breakdown of both events, regarding equipment and personnel scheduled and the estimated cost:

BANYAN PARK, AMERICAN CANCER SOCIETY CANCER RELAY FOR LIFE, MAY 1, TO 2, 2009

ITEM	COST	COMMENTS
SHOWMOBILE LARGE ➢ DELIVERY, SET UP, BREAKDOWN, PICK UP ➢ FIRST HOUR RENTAL ➢ 19 ADDITIONAL HOURS OF RENTAL ➢ SUB TOTAL	 $ 350.00 $1,216.00 $1,900.00 $3,466.00	
SOUND SYSTEM SMALL ➢ LOAD IN, STRIKE, LOAD OUT, AND 1ST HOUR ➢ 19 ADDITIONAL HOURS OF USE ➢ SUB TOTAL	 $ 385.00 $1,045.00 $1,430.00	
TECHNICAL SERVICES 20 HOURS	$1,800.00	$90.00 PER HOUR
GENERATOR 25KW (2) DAYS	$1,000.00	$500.00 8 HOUR DAY
LIGHT TOWERS (2) TWO DAYS	$ 320.00	WEEKDAY PRICE $75.00 EACH AND WEEKEND PRICE $85.00 EACH
TOTAL ESTIMATED COST	$8,016.00	

WINSTON PARK K-8 EVENT APRIL 2, TO 3,2009

ITEM	COST	COMMENTS
BLEACHERS ➢ DELIVER, SET UP, BREAKDOWN, PICK UP ➢ FIRST DAY RENTAL ➢ SECOND DAY RENTAL ➢ UNIT TOTAL COST ➢ X 2 SETS OF BLEACHERS	 $ 350.00 $ 715.00 $ 85.00 $1,150.00	
TOTAL COST	$2,300.00	

Trusting if you need any additional information you will contact our office.
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"

From: Naumann, Andre (DIST10)
Sent: Wednesday, January 28, 2009 4:03 PM
To: Gonzalez, Ana (MDPR)
Subject: FW: Souto's Office (In-kind for Winston Park K-8) & Cancer Society (relay for life)

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 Request Recommendation

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 has been requested by a not-for-profit organization the Creative Children Therapy, Inc. for their "6th Annual Family Festival of Arts and Games" event held on February 28, 2009.

In-kind services have been requested in an amount not to exceed $3,390 from the Miami-Dade Park and Recreation Department for the use of a large showmobile, sound system, technical service, and microphones. This event will be funded from the District 10 in-kind reserve fund.

In FY 2008-09, Creative Children Therapy, Inc. has received $1,000 from District 6 discretionary reserve, $5,000 from District 8 discretionary reserve, $15,000 from District 10 discretionary reserve, and $2,500 from District 11 discretionary reserve.

Inkind05409