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

MEMORANDUM Agenda Item No. 11(A)(22)

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 August 15, 2008 "Back to School Health Fair and Book Bag Give Away" event

Resolution No. R-393-09

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Carlos A. Gimenez.

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)(22)

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)(22)
4-7-09

RESOLUTION NO. **R-393-09**

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE AUGUST 15, 2008 "BACK TO SCHOOL HEALTH FAIR AND BOOK BAG GIVE AWAY" SPONSORED BY THE WOUNDED HEALERS, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $1,086.00 TO BE FUNDED FROM THE DISTRICT 7 IN-KIND RESERVE FUND

WHEREAS, the Wounded Healers, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the August 15, 2008 "Back to School Health Fair and Book Bag Give Away" event in an amount not to exceed $1,086.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Back to School Health Fair and Book Bag Give Away" is to provide the community with free health screenings and back-to-school supplies; and

WHEREAS, Wounded Healers, Inc. is a not-for-profit organization; and

WHEREAS, the "Back to School Health Fair and Book Bag Give Away" event is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $1,086.00 of the in-kind services shall be funded from the District 7 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 August 15, 2008 "Back to School Health Fair and Book Bag Give Away" event in an amount not to exceed $1,086.00 to be funded from the District 7 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Carlos A. Gimenez. 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**
Barbara J. Jordan	**aye**	Joe A. Martinez	**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 - 1086
8/15/08

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:

~~Delores Green~~ Maida Rodriguez
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: Wounded Healers 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.):
   Rev. Gregory V. Gay, Sr. (305) 665-1191 – (305) 665-7703
   Stg70@Bellsouth.net

4. Specify fee waiver or in-kind service requested (quantify, if applicable): The Mobile Stage

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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): Back to School Health Fair and Book Bag Give Away

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)): 6461 SW 59th Place, South Miami, FL 33143
District #7

8. Description of regional or local impact: Help supply low income families and students with back to school supplies and also promote Health and Wellness in the community.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): August 15, 2008 from 1pm – 5pm

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FEE WAIVER/IN-KIND SERVICES APPLICATION
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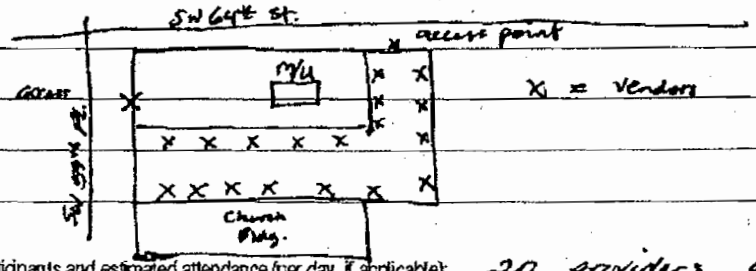
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable):



11. Expected number of participants and estimated attendance (per day, if applicable): 20 providers and over 300 were in attendance.

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed). Everything was In-kind

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

Signature of Authorized Representative

2/10/09
Date

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

WOUNDED HEALERS INC.

Filing Information

Document Number	N97000005337
FEI Number	650789131
Date Filed	09/18/1997
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	09/21/1998
Event Effective Date	NONE

Principal Address

ST JOHNS AME CHURCH
6461 SW 59TH PLACE
S MIAMI FL 33143

Mailing Address

ST JOHNS AME CHURCH
6461 SW 59TH PLACE
S MIAMI FL 33143

Registered Agent Name & Address

GAY, SR., REV. GREGORY V
6461 SW 59TH PLACE
MIAMI FL 33143

Name Changed: 03/04/2004

Address Changed: 03/04/2004

Officer/Director Detail

Name & Address

Title PAST

GAY, SR., GREGORY V
6461 SW 59TH PLACE

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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 the Wounded Healers, Inc. for their "Back to School Health Fair and Book Bag Give Away" event held on August 15, 2008.

In-kind services have been requested in an amount not to exceed $1,086 from the Miami-Dade Park and Recreation Department for the use of one (1) show mobile. This event will be funded from District 7 in-kind reserve fund.

In FY 2008-09, Wounded Healers, Inc. has received no county funding for this event.

Inkind05709