

MEMORANDUM

Agenda Item No. 11(A)(34)

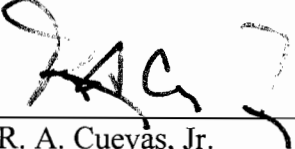
TO: Honorable Chairman Dennis C. Moss
and Members, Board of County Commissioners

DATE: June 2, 2009

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

SUBJECT: Resolution retroactively
authorizing in-kind services
for the April 10-11, 2009
"Team Handball French
Championship Cup"
Resolution No. R-760-09

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Audrey M. Edmonson.



R. A. Cuevas, Jr.
County Attorney

RAC/up




MEMORANDUM

(Revised)

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

DATE: June 2, 2009

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

SUBJECT: Agenda Item No. 11(A)(34)

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)(34)
6-2-09

RESOLUTION NO. R-760-09

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT AND THE MIAMI-DADE GENERAL SERVICES DEPARTMENT FOR THE APRIL 10-11, 2009 "TEAM HANDBALL FRENCH CHAMPIONSHIP CUP" SPONSORED BY THE FLORIDA ASSOCIATION OF NONPROFIT ORGANIZATIONS, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$4,721.00 TO BE FUNDED FROM THE COUNTYWIDE IN-KIND RESERVE FUND

WHEREAS, the Florida Association of Nonprofit Organizations, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department and the Miami-Dade General Services Department, for the April 10-11, 2009 "Team Handball French Championship Cup" in an amount not to exceed \$4,721.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, approximately 25,000 people will attend the "Team Handball French Championship Cup" which will be broadcast to 160 countries and viewed by approximately 1.2 billion people; and

WHEREAS, proceeds from the "Team Handball French Championship Cup" will be used to, among other things, benefit summer sports and fitness programs throughout Miami-Dade County; and

WHEREAS, Florida Association of Nonprofit Organizations, Inc. is a not-for-profit organization; and

WHEREAS, the “Team Handball French Championship Cup” is a special event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$4,721.00 of the in-kind services shall be funded from the Countywide 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 General Services Department, for the April 10-11, 2009 “Team Handball French Championship Cup” in an amount not to exceed \$4,721.00 to be funded from the Countywide In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Audrey M. Edmonson. It was offered by Commissioner **Jose “Pepe” Diaz** , who moved its adoption. The motion was seconded by Commissioner **Rebeca Sosa** 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	aye	Audrey M. Edmonson	aye
Carlos A. Gimenez	aye	Sally A. Heyman	aye
Joe A. Martinez	absent	Barbara J. Jordan	aye
Dorrin D. Rolle	aye	Natacha Seijas	absent
Katy Sorenson	aye	Rebeca Sosa	aye
Sen. Javier D. Souto	aye		

The Chairperson thereupon declared the resolution duly passed and adopted this 2nd day of June, 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: **DIANE COLLINS**
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

GKS

Gerald K. Sanchez

4110-11
PARKS-3721
GSA-1000

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) 375-5188

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 Audrey Edmondson

1. Full legal name of the requesting organization: Florida Association of non profit organizations

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.): 305-282-9267

Cornelia Dozier, MARINA PAULOU
7480 Fairway Dr. Ste 206
Miami Lakes, FL. 33014-8879

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

Fee waiver
Parcel B (PARKING) AAA
Showmobile (large) + 16X16 platform stage

MIAMI-DADE COUNTY
FEE WAIVER/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): _____

Team Handball French Championship Cup

Team Player Kidz Zone

April 10 & 11, 2009 - Transportation - Parking
at Parcel B

Festival Fundraiser - to benefit Summer Sports
& Fitness Programs for Miami Dade County youth.

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)): _____

American Airlines Arena - 601 Biscayne Blvd.
Bayside Marketplace - 401 Biscayne Blvd.

8. Description of regional or local impact: 25,000 Attendees at Championship

3,000 Youth from throughout South Florida
1.2 billion broadcast to 160 Countries
Promotion of Sport Careers - \$32 billion
All Star Sports Exhibition - China, Africa,
South & Central America, Caribbean, Canada

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

Set-up - April 11, 2009
Bus arrival - Parcel B - April 10 & 11 2009
From 10am - 12 noon and 3pm - 5pm
Departure - 2pm - 7pm

Page 2 of 3
Revised: 9/2/08

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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): _____

11. Expected number of participants and estimated attendance (per day, if applicable): 1500 children
per day - April 10 + 11, 2009

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): _____

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

Antonio Lopez
Signature of Authorized Representative

4/16/09
Date



Consumer's Certificate of Exemption

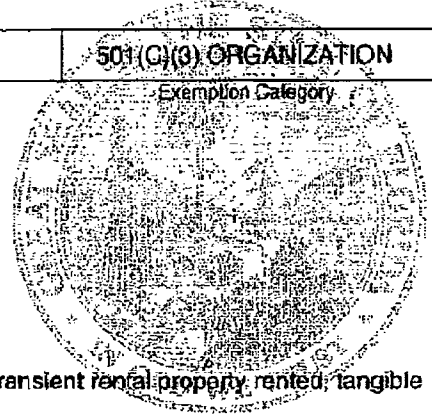
Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
10/04/06

85-8012598123C-2	02/28/2006	02/28/2011	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

FLORIDA ASSOCIATION OF NONPROFIT
ORGANIZATIONS INC
7480 FAIRWAY DR STE 206
MIAMI LAKES FL 33014-6679



is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 04/05

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (FAC).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others by your organization of tangible personal property, sleeping accommodations or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, FAC).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third degree felony. Any violation will necessitate the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

World Fest 2009 - Budget/FANO

Expenses	Cash	In-Kind
ENTERTAINMENT	\$2,500.00	\$5,000
EQUIPMENT RENTAL	\$15,000.00	7,500
AV	\$5,000.00	
PHOTOGRAPHER/VIDEOGRAPHER		\$1,000.00
FACILITY	\$15,000.00	
INSURANCE/PERMITS, LICENCES	\$2,000.00	
MARKETING- WEB		\$2,500.00
DESIGN & PRINTING	\$500.00	
MAILING	\$500.00	
COMMUNICATIONS(WALKIE TALKIE)	\$500.00	
ACCOMODATIONS	\$1,000.00	
CATERING	\$5,000.00	
BEVERAGES (WATER, SODA, MIXERS, ICE)	\$1,000.00	
Transportation	\$5,000.00	\$4,000.00
TOTAL	\$53,000.00	\$20,000.00
INCOME		

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World Fest 2009- Budget/FANO

ITEM		
Expenses	Cash	In-Kind
ENTERTAINMENT	\$2,500.00	\$5,000
EQUIPMENT RENTAL	\$15,000.00	7,500
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INSURANCE/PERMITS, LICENES	\$2,000.00	
MARKETING- WEB		\$2,500.00
DESIGN & PRINTING	\$500.00	
MAILING	\$500.00	
COMMUNICATIONS(WALKIE TALKIE)	\$500.00	
ACCOMODATIONS	\$1,000.00	
CATERING	\$5,000.00	
BEVERAGES (WATER, SODA, MIXERS, ICE)	\$1,000.00	
Transportation	\$5,000.00	\$4,000.00
TOTAL	\$53,000.00	\$20,000.00
INCOME		
Vendors	\$25,000.00	
CORPORATE	\$20,000.00	\$10,000.00
PUBLIC-(Consessions, etc)	\$8,000.00	\$10,000.00
TOTAL	\$53,000.00	\$20,000.00
GRAND TOTAL		

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**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 226-8315 Ext. 224/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Florida Association of Non-profit Organization

EQUIPMENT REQUESTED: Large Showmobile & Stage 16' x 16'

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Audrey Edmonson,
District #3

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): N/A

BILLING ADDRESS/ZIP CODE: 111 NW 1 Street Suite 220 Miami, FL 33128

NAME/TITLE OF THE EVENT: Team Handball

ADDRESS OF EVENT: Bayside Marketplace

TODAY'S DATE: 4/06/09 DATE (S) & TIME OF EVENT: 04/11/09 10:00 AM - 8:00 PM

SET-UP TIME & DAY: 9:00 AM 04/11/09

TAKE-DOWN TIME & DAY: 7:00 PM 04/11/09

CONTACT PERSON/PHONE: Cornelia Dozier (305) 278-7143

AT SITE CONTACT/CELL PHONE#: _____

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

OTHER INFORMATION: Include additional equipment if needed.

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 out-lined in the rental policy. We also understand that the total fee is to be remitted (15) fifteen working days before the event.

*Fee: \$1,721.00 In-kind District #3

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: _____

Cornelia Dozier

Agency/Group: Florida Association of Non-profit Organization

**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.

Late equipment arrivals, please call (786) 236-7926

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



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Entity Na

No Events No Name History

Detail by Entity Name

Florida Non Profit Corporation

FLORIDA ASSOCIATION OF NONPROFIT ORGANIZATIONS, INC.

Filing Information

Document Number N40649
FEI/EIN Number 650241622
Date Filed 11/07/1990
State FL
Status ACTIVE

Principal Address

7480 FAIRWAY DRIVE
SUITE 206
MIAMI LAKES FL 33014

Mailing Address

7480 FAIRWAY DRIVE
SUITE 206
MIAMI LAKES FL 33014

Registered Agent Name & Address

KTG & S REGISTERED AGENT CORPORATION
ONE INTERNATIONAL PLACE
STE 2800
MIAMI FL 33131 US

Name Changed: 08/03/1994

Address Changed: 07/03/1996

Officer/Director Detail

Name & Address

Title PD

PAVLOV, MARINA
7480 FAIRWAY DR, STE 206
MIAMI LAKES FL 33014

Title C

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AND SOUND PRODUCTION**
(305) 226-8315 Ext. 224/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

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*Fee: \$3,721.00 In-kind District #3 **Signature:** _____

*(SEE FEE SCHEDULE FOR EXACT CHARGES) Cornelia Dozier
Agency/Group: Florida Association of Non-profit Organization

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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.**

Late equipment arrivals, please call (786) 236-7926

Memorandum



Date: June 2, 2009

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

From: George M. Burgess
County Manager

A handwritten signature in black ink, appearing to read "George M. Burgess". The signature is written in a cursive style and is positioned to the right of the printed name.

Subject: Countywide In-kind Reserve Request Recommendation

The Office of Strategic Business Management (OSBM) reviewed the attached in-kind request and recommends the item to move forward to the Board of County Commissioners for consideration. The countywide in-kind reserve balance allows for funding of this request.

Background

A retroactive waiver for in-kind services has been requested by a not-for-profit organization, the Florida Association of Nonprofit Organizations, Inc., for their "Team Handball French Championship Cup" event held on April 10-11, 2009.

In-kind services have been requested in an amount not to exceed \$3,721 from the Miami-Dade Park and Recreation Department for the use of a large showmobile and a 16'X16' stage and \$1,000 from the Miami-Dade General Services Department for a fee waiver of Parcel B for a total in-kind amount of \$4,721. This event will be funded from the countywide in-kind reserve fund.

In FY 2008-09, the Florida Association of Nonprofit Organizations, Inc. has received no county funding for this event.

Inkind10909