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

MEMORANDUM

Agenda Item No. 11(A)(38)

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 24-25, 2009 "Relay For Life of North West Dade"

Resolution No. R-764-09

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Barbara J. Jordan.

R. A. Cuevas, Jr.
County Attorney

RAC/jls

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)(38)

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)(38)
6-2-09

RESOLUTION NO. **R-764-09**

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT, THE DEPARTMENT OF SOLID WASTE MANAGEMENT AND THE MIAMI-DADE POLICE DEPARTMENT FOR THE APRIL 24-25, 2009 "RELAY FOR LIFE OF NORTH WEST DADE" SPONSORED BY THE AMERICAN CANCER SOCIETY, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $6,872.00 TO BE FUNDED FROM THE DISTRICT 1 IN-KIND RESERVE FUND

WHEREAS, American Cancer Society, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department, the Department of Solid Waste Management and the Miami-Dade Police Department for the April 24-25, 2009 "Relay for Life of North West Dade" in an amount not to exceed $6,872.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Relay for Life of North West Dade" is a fundraiser to benefit the American Cancer Society; and

WHEREAS, American Cancer Society, Inc. is a not-for-profit organization; and

WHEREAS, the "Relay for Life of North West Dade" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $6,872.00 of the in-kind services shall be funded from the District 1 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, the Department of Solid Waste Management and the Miami-Dade Police Department for the April

24-25, 2009 "Relay for Life of North West Dade" in an amount not to exceed $6,872.00 to be funded from the District 1 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Barbara J. Jordan. 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

MEMORANDUM

OFFICE OF COMMISSIONER DENNIS C. MOSS

MIAMI-DADE COUNTY BOARD OF COUNTY COMMISSIONERS

☐ **Downtown Office**
111 NW 1st Street, Suite 320
Miami, Florida 33128
(305) 375-4832 ~ Fax (305) 372-6011

☐ **District North Office**
10710 SW 211th Street, Suite 206
Miami, Florida 33189
(305) 234-4938 ~ Fax (305) 232-2892

☐ **District South Office**
1634 NW 6th Avenue
Florida City, Florida 33034
(305) 245-4420 ~Fax (305) 245-5008

Date: April 13, 2009

Tú: Nadia Rodríguez, OSBM
Fax: *(305) 375-5168*

From: Dennis C. Moss
Board of County Commissioners, District 9

Re: **County Wide In-Kind Services-Continental Societies, Inc. Greater Miami Chapter**

Please find the attached in-kind service application for the 4th **Annual 5K Walk/Run for Asthma** held on **April 18, 2009.**Kindly prepare and forward a copy of a draft resolution for my review.

Thank you for your assistance.

DCM/sp

Parks - 7,300
2305
Police - 710
Fire - 1079
11,404

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:

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

4/18

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.)

****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: Comm. Dennis C. Moss

1. **Full legal name of the requesting organization:** Continental Societies, Inc. Greater Miami Chapter

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.): Continental Societies Greater ATTN: CHRISTA DEAN PO BOX 162238 Miami, Fl. 33116-2238 305 2334594 (O) 305 278 4108 (fax) evproductions@bellsouth.net

4. **Specify fee waiver or in-kind service requested** (quantify, if applicable): In Kind services from MDPD, MD Fire Rescue, MD Parks Recreation and Miami Metrozoo for April 18, 2009, 4th Annual 5K Walk Run for Asthma in the amount not to exceed $9,857.41. The Walk is a County wide event.

5. **Name, date of event, description, and purpose of the event** (if event is a fund-raiser, define the beneficiaries): Continental Societies In Greater Miami Chapter in association with the American Lung Association 5K Walk Run for Asthma Sat. April 18, 2009. Funds from this event will assist in the support of The American Lung Assn. South Area School based asthma programs as well as UM's Asthma Clinical Research Center.

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)): Miami Metrozoo 12400 SW 152 St District 9

(9)

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

8. **Description of regional or local impact:** The 5K Walk/Run for Asthma is a countywide event open to the public and all residents of Miami Dade County. This walk has a positive impact on the educational, health and wellness initiatives in M.D. Cty. The walk will highlight the affects of asthma, how to deal with its effects and how to maintain and decrease the probabilities of occurances

9. **Daily/hourly event schedule, including set-up and breakdown schedule** (attach event calendar, if applicable): Sat. Apr 18, 209 Setup 5:30am event registration 6:30Am, Run 750 Walk 800am. Event ends at 12:30pm Breakdown ends at 1:30pm

10. **Detailed description of event venues** (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): Miami Metrozoo, Grasslands and Gazelle Grove and the adjacent parking lot, restrooms, gazebos, volleyball and tetherball areas

11. **Expected number of participants and estimated attendance** (per day, if applicable): Expected number of attendees is 750. The amount includes walkers, volunteers, support staff on April 18, 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): N/A

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

Signature of Authorized Representative

Date

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MIAMI- DADE PARKS & RECREATION DEPAR' 'MENT
SHOWMOBILE, STAGES, BLEACHERS, SOUTH & PI ODUCTION

Phone: (305) 226-8315 x 8
Fax: (305) 553-8511

EQUIPMENT CONFIRMATION FORM

ORGANIZATION/AGENCY: OFFICE OF COMMISSIONER DENNIS C. MOSS

EQUIPMENT REQUESTED: SHOWMOBILE

NAME OF PERSON RESPONSIBLE FOR THIS BILL: DENNIS C. MOSS

BILLING ADDRESS/ ZIP CODE: 111 N.W. 1ST STREET, SUITE 320, MIAMI, FLORI A 33128

NAME/TITLE OF THE EVENT: 4th Annual 5K Walk / Run for Asthma

ADDRESS OF EVENT: Miami Metro Zoo 12400 S W 152 Street

TODAY'S DATE _____

DATE (S) OF EVENT: 4-18-09

SET-UP TIME & DAY: 4-17-09 2pm

TAKE-DOWN & DAY: 4-18-09 3pm

CONTACT PERSON/PHONE: Christa Dean 3053055160 / Valery Neal 305 753-7044

AT SITE CONTACT/CELL PHONE #: same Valery Neal 3057537046

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

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 R creation Department completes setting up and the time it takes down. We, the users, also ag ee 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 he rental policy. We **also understand that the total fee is to be remitted (5) five working days l efore the event.**

***Fee** Signature _____
***(SEE FEE SCHEDULE FOR EXACT CHARGES)** 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 confirmatio Form is filled out completely and signed.**

____ **In-Kind** ____ **Budget Allocation**

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Non Profit Corporation

CONTINENTAL SOCIETIES OF GREATER MIAMI, INCORPORATED

Filing Information

Document Number	N01000005011
FEI/EIN Number	311811062
Date Filed	07/16/2001
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	05/17/2005
Event Effective Date	NONE

Principal Address

16155 SW 117 AVE., STE. 12
MIAMI FL 33177 US

Mailing Address

P.O. BOX 162238
MIAMI FL 33116 US

Changed 09/14/2007

Registered Agent Name & Address

WASHINGTON, LYNN C
701 BRICKELL AVE., STE. 3000
MIAMI FL 33131 US

Officer/Director Detail

Name & Address

Title P

DOTSON, EARLENE P
17901 SW 78TH AVE
MIAMI FL 33157

Title VP

WILLIAMS, MATTIE
15004 SW 113TH COURT
MIAMI FL 33176

Title VP

GREEN, VASSIE
9350 SW 170TH ST
PALMETTO BAY FL 33157

MIAMI-DADE FIRE RESCUE DEPARTMENT
SPECIAL EVENTS BUREAU

9300 N.W. 41 STREET
DORAL, FLORIDA 33178
OFFICE (786) 331-5000 / FAX (786) 331-4435

SPECIAL EVENTS OVERTIME ESTIMATE SHEET

Invoice Number: _____ Date: April 7, 2009

Control Number: _____ Prepared By: LONIE BROWN

VENDOR INFORMATION

Name: CONTINENTAL SOCIETIES, INC.(IN KIND)

Billing Address: 16155 SW 117 AVENUE STE 12

City: MIAMI State: FL Zip Code: 33177

Phone Number: 305-233-4594 Fax Number: 305-278-4108

PERSONNEL

Rank / Title	Overtime Hourly Rate	Quantity	Event Hours	Total
Chief Fire Officer	$ 75.00			$ -
Captain	$ 65.00	1	6	$ 390.00
Lieutenant	$ 55.00			$ -
Fire Fighter	$ 50.00	2	6	$ 600.00
Civilian Inspector	$ 56.04			$ -
Beach Manager	$ 30.25			$ -
Lifeguard 2	$ 26.75			$ -
Lifeguard 1	$ 22.75			$ -
Civilian (Overtime Rate Only) DISPATCHER	$ 30.00			$ -
			Personnel Total	$ 990.00

EQUIPMENT

Type	Hourly Rate	Quantity	Event Hours	Total
Pumper	$ 100.00			$ -
QRV / TRT	$ 65.00			$ -
Rescue Truck	$ 50.00			$ -
Motorcycle Unit	$ 40.00			$ -
Rescue Cart	$ 35.00			$ -
Rigid Hull Inflatable Boat (RHIB)	$ 35.00			$ -
Personal Watercraft (PWC)	$ 35.00			$ -
Bicycle Unit	$ 35.00			$ -
			Equipment Total	$ -
			Personnel Total	$ 990.00
			10% Administrative Fee	$ 99.00
			Total Event Estimate	**$ 1,089.00**

Please make checks payable to: **Board of County Commissioners**

Please note: The Board of County Commissioners set all rates through County Administrative Order 7-33.

NOTE: The above costs are only an **estimate** for your event. Any permit related inspection costs (tents, stages, etc.) and/or other related firewatch and rescue standby related costs will be borne by the vendor. Required permit inspections must be completed before occupying or use. After hours or weekend inspections will be billed at a rate of $50.00 per hour with a minimum 4-hour charge.

Rev. 08/07/08

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

(305) 226-8315 Ext. 224/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Continental Societies, Inc and The American Lung Association Of Florida

EQUIPMENT REQUESTED: Small Showmobile

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis C. Moss District #9

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE: 10710 SW 211 Street Suite 206 Miami, FL 33189

NAME/TITLE OF THE EVENT: 4th Annual 5k Walk/Run for Asthma

ADDRESS OF EVENT: Miami Metro Zoo 12400 SW 152 Street

TODAY'S DATE: 04/07/09

DATE (S) & TIME OF EVENT: 04/18/09 8:00 AM – 1:00 PM

SET-UP TIME & DAY: 04/17/09 2:00 PM

TAKE-DOWN TIME & DAY: 04/18/09 3:00 PM

CONTACT PERSON/PHONE: Christa Dean 305-305-5160

AT SITE CONTACT/CELL PHONE#: Valery Neal 305-753-7046

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

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:** $2,305.00 In-kind District #9

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature:

Christa Dean

Agency/Group: Continental Societies Inc

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

Americal Lung Association
5K Walk/Run for Asthma

April 18 ,2009

	Budget	Actual	In-Kind Amount
REVENUE			
Registration/Walkers	$10,000.00		
Large Sponsors (> $500)	$5,000.00		
Blue Cross Blue Shield		$2,500.00	
Florida Center for Asthma		1,[illegible]00.00	
Colgate		2,[illegible]00.00	
Miami Children's Hospital		1,[illegible]00.00	
Ryder		1,[illegible]00.00	
AKA- cdean		[illegible]00.00	
Vendors			
Paradise Embroidery		.00.00	
TD Bank		.00.00	
Tees Boutique / Soul Purpose		.00.00	
Wayside Baptist Pre-School		50.00	
Pinecrest Chiropractors		.00.00	
Acupunture Wellness		50.00	
Aimee de la Osa - Silpada		50.00	
In-kind Partners			
Moe's Party Rental			$ 2,000.00
Miami-Dade County			$ 9,857.41
The Event Headquarters			$1,250.00
Baptist Health South Florida			$1,500.00
EV Productions			$12,000.00
Jackson Memorial Hospital			$5,000.00
Creative Spirits Design			$ 1,200.00
TOTAL INCOME	**$15,000.00**	**$1,550.00**	**$ 32,807.41**
EXPENSES			
Geiger - T Shirts	$1,500.00		
Sign-a-rama	$800.00		
Emergency Ice	$150.00		
DJ - Gregory Ivey	$250.00		
Photog - Norman Photoland	$300.00		
B-Glass Typography	$100.00		

Printing (Zurl Creative)	$750.00		
Marketing/PR	$1,000.00		
Website - GreenLAN Consulting	$800.00		
Gift Cards	$750.00		
Genesis Foundation	$200.00		
EV Productions			
Miscelleaneous	$500.00		
TOTAL EXPENSES	**$7,100.00**		**$0.00**
PROJECTED PROFIT	**$7,900.00**	**$9,[illegible]**	**50.00**

Memorandum

MIAMI-DADE COUNTY

Date: June 2, 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) reviewed the attached in-kind request and recommends this item to move forward to the Board of County Commissioners for consideration. The district specific 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 American Cancer Society Inc., for their "Relay for Life of North West Dade" event held on April 24-25, 2009.

In-kind services have been requested in an amount not to exceed $3,566 from the Miami-Dade Park and Recreation Department for the use of a large show mobile, $1,096 from the Department of Solid Waste Management for the use of ten (10) EZ go carts, and $2,210 from the Miami-Dade Police Department for police services for a total in-kind amount of $6,872. This event will be funded from the District 1 in-kind reserve fund.

In FY 2008-09, the American Cancer Society has received $37,500 from the following districts: $5,000 from District 1 discretionary, $5,000 from District 8 discretionary, $5,000 from District 9 discretionary, $2,500 from District 11 discretionary, $10,000 from District 12 discretionary, $5,000 from District 2 office funds and $5,000 from the Mayor's discretionary reserve. In addition, as part of Resolution 268-08, they received $4,790 from the District 8 in-kind reserve and have an additional request for $975 from the District 12 in-kind reserve for the Relay for Life of Doral.

Inkind11509