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

MEMORANDUM Agenda Item No. 11(A)(26)

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

DATE: March 2, 2010

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

SUBJECT: Resolution retroactively authorizing in-kind services for the December 10, 2009 "Senior Christmas Luncheon"

Resolution No. R-275-10

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

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: March 2, 2010

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

SUBJECT: Agenda Item No. 11(A)(26)

Please note any items checked.

_____ **"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**

_____ **Ordinance creating a new board requires detailed County Manager's report for public hearing**

_____ **No committee review**

_____ **Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous_____) to approve**

__✓__ **Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required**

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(26)
3-2-10

RESOLUTION NO. **R-275-10**

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE DECEMBER 10, 2009 "SENIOR CHRISTMAS LUNCHEON" SPONSORED BY LITTLE HAVANA ACTIVITIES & NUTRITION CENTERS OF DADE COUNTY, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $1,010.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 10 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, Little Havana Activities & Nutrition Centers of Dade County, Inc. has requested in-kind services from the Miami-Dade Park and Recreation Department for the December 10, 2009 "Senior Christmas Luncheon" in an amount not to exceed $1,010.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Senior Christmas Luncheon" is a free luncheon for 1,500 senior citizens during the holidays; and

WHEREAS, Little Havana Activities & Nutrition Centers of Dade County, Inc. is a not-for-profit organization; and

WHEREAS, the "Senior Christmas Luncheon" is a district event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $1,010.00 of the in-kind services shall be funded from the unspent balance of the District 10 FY 2008-09 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 December 10, 2009 "Senior Christmas Luncheon" in an amount not to exceed $1,010.00 to be funded from the unspent balance of the District 10 FY 2008-09 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Javier D. Souto. It was offered by Commissioner **Jose "Pepe" Diaz**, who moved its adoption. The motion was seconded by Commissioner **Sally A. Heyman** 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	**absent**	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 2nd day of March, 2010. 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

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 2260
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 Honorable Javier Souto - District 10

1. Full legal name of the requesting organization: Little Havana Activities & Nutrition Centers Of Dade County 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.):

Elisa M. Juara, Nutrition Director 700 S.W. 8th Street
Miami, Fl. 33130
(305) 858-0887 ext. 221 Fax: (305) 854-2226 ext. 221
EJuara@lhanc.org

4. Specify fee waiver or in-kind service requested (quantity, if applicable): Fee Waiver for Stage 24'x40' at $ 1,010.00

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5 Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

LHANC Senior Christmas Luncheon

For 1,500 seniors on December 10, 2009 from 9:00 am to 3:00 pm

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)): 10 and 11

Miami Fair Expo Center

10901 Coral Way " Arnold Hall "

8. Description of regional or local impact: Local - Miami Dade Center

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

Set up December 9, 2009

Take down December 10, 2009

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DEC-07-2009 10:26 From:COMMISS JAVIER SOUTO 305 222 2120 To:3058583814 P.3/10
DEC-10-2009 10:00 From:COMMISS JAVIER SOUTO 305 222 2120 To:305 375 5168 P.3/7

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): N/A

11. Expected number of participants and estimated attendance (per day, if applicable): 1,500 Seniors

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

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

Ramon Perez-Dorrbecker

Signature of Authorized Representative

12/8/09

Date

Ramon Perez-Dorrbecker
President & CEO
Little Havana Activities
& Nutrition Centers

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DEC-07-2009 10:26 From:COMMISS JAVIER SOUTO 305 222 2120 To:3058583814 P.4/10
DEC-10-2009 10:00 From:COMMISS JAVIER SOUTO 305 222 2120 To:305 375 5168 P.4/7

Little Havana Activities & Nutrition Centers of Dade County, Inc.

Elderly Christmas Party 2009

Estimated Project Budget

Item	Amount	
Fair and Expo Center Rental	4,000.00	Sponsored by Comm. Martinez
Arnold Hall Incidentals	6,740.00	LHANC
Permit Application	129.00	LHANC
Decorations	3,000.00	LHANC
Labor	500.00	LHANC
Prizes and Gifts	2,000.00	LHANC
Food V.I.P.	1,500.00	LHANC
Staff Lunch for Set Up	300.00	LHANC
Stage (Miami Dade County)	1,010.00	Sponsored by Comm. Souto
Entertainment	600.00	LHANC
23 Buses(at 150 Per Bus)	3,450.00	LHANC
Total	**23,219.00**	

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Form **W-9**
(Rev. January 2005)
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)
Little Havana Activities & Nutrition Centers of Dade County, Inc.

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☑ Corporation ☐ Partnership ☐ Other ▶ ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
700 SW 8th Street

Requester's name and address (optional)

City, state, and ZIP code
Miami, Florida

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
| 2 | 3 | 7 | 3 | 7 | 8 | 0 | 0 | 8 |

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. person (including a U.S. resident alien).

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 ▶ [signature] Date ▶ 12-08-09

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.

U.S. person. 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.

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.*

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Little Havana Activities and Nutrition Center

EQUIPMENT REQUESTED: Stage 24' x 40'

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Javier D. Souto, Commission District #10

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

BILLING ADDRESS/ZIP CODE: 111 NW 1st Street Suite 320 Miami, FL 33128

NAME/TITLE OF THE EVENT: Little Havana Activities and Nutrition Center Senior Christmas Luncheon

ADDRESS OF EVENT: Youth Fair Grounds (inside Arnold Hall) Tamiami

TODAY'S DATE: 11/25/09

DATE (S) & TIME OF EVENT: 12/10/09 9:00 AM – 3:00 PM

SET-UP TIME & DAY: 8:30 AM 12/09/09

TAKE-DOWN TIME & DAY: 4:30 PM 12/10/09

CONTACT PERSON/PHONE: Peter Gayo (305) 776-7194

AT SITE CONTACT/CELL PHONE#: Elisa Juara (305) 753-1626

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:** $1,010.00 In-kind District #10

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: Elisa M. Juara

Elisa M. Juara

Agency/Group: Little Havana Activities and Nutrition Center

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

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Detail by Entity Name

Florida Non Profit Corporation

LITTLE HAVANA ACTIVITIES & NUTRITION CENTERS OF DADE COUNTY, INC.

Filing Information

Document Number	727668
FEI/EIN Number	237378008
Date Filed	10/06/1973
State	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	04/15/2009
Event Effective Date	NONE

Principal Address

700 S.W. 8TH ST.
MIAMI FL 33130

Changed 02/13/1987

Mailing Address

700 S.W. 8TH ST.
MIAMI FL 33130

Changed 02/13/1987

Registered Agent Name & Address

PEREZ-DORRBECKER, RAMON
700 S.W. 8TH ST.
MIAMI FL 33130 US

Name Changed: 02/12/2007

Address Changed: 02/13/1987

Officer/Director Detail

Name & Address

Title PD

PEREZ-DORRBECKER, RAMON

Memorandum

MIAMI-DADE COUNTY

Date: March 2, 2010

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) reviewed the attached in-kind request and recommends this item 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, Little Havana Activities & Nutrition Centers of Dade County, Inc., for their "Senior Christmas Luncheon" event held on December 10, 2009.

In-kind services have been requested in an amount not to exceed $1,010 from the Miami-Dade Park and Recreation Department for the use of a 24' X40' stage. This event will be funded from the unspent balance of the District 10 FY 2008-09 in-kind reserve fund.

In FY 2009-10, Little Havana Activities & Nutrition Centers of Dade County, Inc., received $504,688 from the General Fund to fund elderly services programs.

Inkind03010