

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

**MEMORANDUM**

Agenda Item No. 11(A)(18)

**TO:** Honorable Chairman Joe A. Martinez  
and Members, Board of County Commissioners

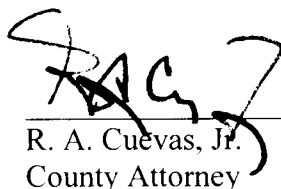
**DATE:** February 1, 2011

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

**SUBJECT:** Resolution retroactively authorizing  
In-kind services for the October 30,  
2010 "Annual Halloween Event"  
Sponsored by City of North Bay  
Village

Resolution No. R-96-11

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

  
\_\_\_\_\_  
R. A. Cuevas, Jr.  
County Attorney

RAC/cp



# MEMORANDUM

(Revised)

**TO:** Honorable Chairman Joe A. Martinez  
and Members, Board of County Commissioners

**DATE:** February 1, 2011

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

**SUBJECT:** Agenda Item No. 11(A)(18)

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

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Approved \_\_\_\_\_ Mayor  
Veto \_\_\_\_\_  
Override \_\_\_\_\_

Agenda Item No. 11(A)(18)  
2-1-11

RESOLUTION NO.           R-96-11          

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE OCTOBER 30, 2010 “ANNUAL HALLOWEEN EVENT” SPONSORED BY CITY OF NORTH BAY VILLAGE, IN AN AMOUNT NOT TO EXCEED \$650.00, TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 4 FY 2008-09 IN-KIND RESERVE FUND

**WHEREAS**, the City of North Bay Village has requested in-kind services from the Miami-Dade Park and Recreation Department for the October 30, 2010 “Annual Halloween Event” in an amount not to exceed \$650.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the requested in-kind services for this district event will support the City of North Bay Village’s annual Halloween event for city residents; and

**WHEREAS**, the “Annual Halloween Event” is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$650.00 of the in-kind services shall be funded from the unspent balance of the District 4 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 October 30, 2010 “Annual Halloween Event” in an amount not to exceed \$650.00 to be funded from the unspent balance of the District 4 FY 2008-09 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Sally A. Heyman. It was offered by Commissioner **Sally A. Heyman**, 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:

	Joe A. Martinez, Chairman	<b>aye</b>
	Audrey M. Edmonson, Vice Chairwoman	<b>aye</b>
Bruno A. Barreiro	<b>aye</b>	Lynda Bell
Jose "Pepe" Diaz	<b>aye</b>	Carlos A. Gimenez
Sally A. Heyman	<b>aye</b>	Barbara J. Jordan
Jean Monestime	<b>aye</b>	Dennis C. Moss
Natacha Seijas	<b>aye</b>	Rebeca Sosa
Sen. Javier D. Souto	<b>aye</b>	<b>absent</b>

The Chairperson thereupon declared the resolution duly passed and adopted this 1<sup>st</sup> day of February, 2011. 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. 1<sup>st</sup> 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 \_\_\_\_\_

1. Full legal name of the requesting organization: City of North Bay Village

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.): \_\_\_\_\_

Jenice Rosado, 1066 Kennedy Cswy #700 North  
Bay Village FL 33141 305 756 7171 / 305 962-6319 (cell)  
305 756 5722 fax / jrosado@NBvillage.com

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

In Kind FROM District 4

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

Halloween Spectacular Event, 10/30/10, City's  
Annual Halloween party for city residents.

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)): Dist 4

1841 Gallen St. North Bay Village, FL 33141

8. Description of regional or local impact: \_\_\_\_\_

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

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): \_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
10/19/10  
Date

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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: City of North Bay Village

EQUIPMENT REQUESTED: 16 x 16 Stage

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Sally Heyman

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): \_\_\_\_\_

BILLING ADDRESS/ZIP CODE: 33128

NAME/TITLE OF THE EVENT: City of North Bay Village Halloween Event

ADDRESS OF EVENT: 1547 Baiton St. North Bay Village, FL 33141

TODAY'S DATE: 10/13/2010 DATE (S) & TIME OF EVENT: 10/30/2010

SET-UP TIME & DAY: 12noon on 10/30/2010

TAKE-DOWN TIME & DAY: 11pm on 10/30/2010

CONTACT PERSON/PHONE: Janice Rosado / Denese Fecht

AT SITE CONTACT/CELL PHONE#: 305-962-6319 / 305-998-4324

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.  
Stage to be placed directly in front of the playground  
JOY LOT PARK

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: \_\_\_\_\_ Signature: \_\_\_\_\_

\*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Agency/Group: City of N. Bay Village

**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

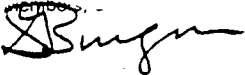


# Memorandum



**Date:** February 1, 2011

**To:** Honorable Chairman Joe A. Martinez  
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 the City of North Bay Village for their "Annual Halloween" event held on October 30, 2010.

In-kind services have been requested in an amount not to exceed \$650.00 from the Miami-Dade Park and Recreation Department for the use of a 16'X16' stage. This event will be funded from the unspent balance of the District 4 FY 2008-09 in-kind reserve fund.

In FY2010-11, the City of North Bay Village received no funding for this event.

Inkind00711