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

MEMORANDUM Agenda Item No. 11(A)(17)

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 November 30, 2010 "4th Annual Emilio Lopez Health Fair and Food Drive" Sponsored by Borinquen Health Care Center, Inc.
Resolution No. R-95-11

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

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)(17)

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)(17)
2-1-11

RESOLUTION NO. R-95-11

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE NOVEMBER 30, 2010 "4TH ANNUAL EMILIO LOPEZ HEALTH FAIR AND FOOD DRIVE" SPONSORED BY BORINQUEN HEALTH CARE CENTER, INC., A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $1,300.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 3 FY 2008-09 IN-KIND RESERVE FUND

WHEREAS, Borinquen Health Care Center, Inc., has requested in-kind services from the Miami-Dade Park and Recreation Department for the November 30, 2010 "4th Annual Emilio Lopez Health Fair and Food Drive" in an amount not to exceed $1,300.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "4th Annual Emilio Lopez Health Fair and Food Drive" is a small event that will provide, among other things, health screenings including, but not limited to, HIV/AIDS and hepatitis screenings, hepatitis vaccines, as well as education and the distribution of prevention materials and grocery gift cards; and

WHEREAS, Borinquen Health Care Center, Inc. is a not-for-profit organization; and

WHEREAS, the "4th Annual Emilio Lopez Health Fair and Food Drive" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and $1,300.00 of the in-kind services shall be funded from the unspent balance of the District 3 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

November 30, 2010 "4th Annual Emilio Lopez Health Fair and Food Drive" in an amount not to exceed $1,300.00 to be funded from the unspent balance of the District 3 FY 2008-09 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Vice Chairwoman Audrey M. Edmonson. 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			aye
Audrey M. Edmonson, Vice Chairwoman			aye
Bruno A. Barreiro	aye	Lynda Bell	aye
Jose "Pepe" Diaz	aye	Carlos A. Gimenez	aye
Sally A. Heyman	aye	Barbara J. Jordan	aye
Jean Monestime	aye	Dennis C. Moss	absent
Natacha Seijas	aye	Rebeca Sosa	aye
Sen. Javier D. Souto	aye		

The Chairperson thereupon declared the resolution duly passed and adopted this 1st 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

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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) 375-5168

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 Commissioner Audrey M. Edmonson

1. Full legal name of the requesting organization: Borinquen Health Care Center, 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.): Valarie Cruz-Agurto, 3601 Federal Highway, Miami, FL 33137, 305-397-4659, fax:305-576-0008, vcruz@borinquenhealth.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable): Small showbile 17 x 12

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5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): 4th Annual Emilio Lopez Health Fair and Food Drive. At this event Borinquen Health Care Center will be providing free health screenings to Miami-Dade County residents. Screenings will be conducted by: Adult Medicine, Pediatric Medicine, OB/GYN, Healthy Start, Behavioral Health, Special Population, Podiatry and many more. The Miami Dade Health Department will be conducting Hepatitis screenings and giving Hepatitis Vaccines. Our Special Populations will be conducting HIV/AIDS tests as well as education and prevention materials. All participants that have two or more screenings will receive a grocery gift card.

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)): 3601 Federal Highway, Miami, FL 33137 Commission District 3

8. Description of regional or local impact: _____

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

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.

Valerie Cruz-Agusto
Signature of Authorized Representative

10-20-10
Date

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Borinque Health Care Center

EQUIPMENT REQUESTED: Showmobile Small

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

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

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

NAME/TITLE OF THE EVENT: 4th Annual Emilia Lopez Food Drive

ADDRESS OF EVENT: Borinque Health Care Center 3601 Federal Highway Miami, FL 33137

TODAY'S DATE: 10/05/10

DATE (S) & TIME OF EVENT: 11/20/10 8AM – 4PM

SET-UP TIME & DAY: 7 A M 11/20/10

TAKE-DOWN TIME & DAY: 5 P M 11/20/10

CONTACT PERSON/PHONE: Valerie Cruz-Agurto (305) 397-4659

AT SITE CONTACT/CELL PHONE#:

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:** $1,300.00 In-kind District #3

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature:

Valerie Cruz-Agurto

Agency/Group: Borinque Health Care 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

10/4/10
Smart Streamlines
$1,300.00

"LA SALUD DEL PUEBLO ES LA MAXIMA LEY"
BHCC

Borinquen Health Care Center, Inc.

"A Family Concept"

September 29, 2010

Dear Honorable Commissioner Audrey M. Edmonson:

It's that time of year again and we are gearing up for our 4th Annual Emilio Lopez Health Fair and Food Drive. I would like to request your assistance with the Mobile Stage this year. The event will be on Saturday, November 20, 2010 from 8am to 4pm in our main site parking lot at 3601 Federal Highway, Miami, FL 33137. We appreciate your assistance in the previous years and we would greatly appreciate it if you could assist us this year. This year we are expecting over 2,500 Miami-Dade County residents and we are looking forward to another successful year.

Please contact me at your earliest convenience so that I may make the proper arrangements.

Very truly yours,

Valarie Cruz-Agurto

Valarie Cruz-Agurto
Marketing Coordinator

Cc: Marta Aleman

3601 Federal Highway • Miami, Florida 33137 • Phone: 305-576-6611 • Fax: 305-576-0008
E-mail: borinquen@borinquenhealth.org

Detail by Entity Name

Florida Non Profit Corporation

BORINQUEN HEALTH CARE CENTER, INC.

Filing Information

Document Number	723839
FEI/EIN Number	591417397
Date Filed	07/10/1972
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	09/07/1994
Event Effective Date	NONE

Principal Address

3601 FEDERAL HIGHWAY
MIAMI FL 33137 US

Changed 06/20/1995

Mailing Address

3601 FEDERAL HIGHWAY
MIAMI FL 33137 US

Changed 04/17/2008

Registered Agent Name & Address

LINDER, ROBERT
3601 FEDERAL HWY
MIAMI FL 33137 US

Name Changed: 03/27/2007

Address Changed: 03/27/2007

Officer/Director Detail

Name & Address

Title C

PEREZ, EVA
5900 N.E. 4TH COURT
MIAMI FL 33137 US

Title VD

VELEZ, AUREA I
19703 E. CYPRESS CT.

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MIAMI LAKES FL 33015 US

Title TD

VILA, JOSE E
5096 NW 112TH COURT
DORAL FL 33178

Title PD

LINDER, ROBERT
3601 FEDERAL HWY
MIAMI FL 33137

Title S

LAFOREST, MARGARET
153 N.W. 96 ST.
MIAMI FL 33150

Annual Reports

Report Year	Filed Date
2008	04/17/2008
2009	04/22/2009
2010	02/22/2010

Document Images

02/22/2010 -- ANNUAL REPORT	View image in PDF format
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08/25/2003 -- ANNUAL REPORT	View image in PDF format
12/13/2002 -- Reg. Agent Change	View image in PDF format
07/05/2002 -- ANNUAL REPORT	View image in PDF format
02/06/2001 -- ANNUAL REPORT	View image in PDF format
02/05/2000 -- ANNUAL REPORT	View image in PDF format
02/23/1999 -- ANNUAL REPORT	View image in PDF format
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06/20/1995 -- ANNUAL REPORT	View image in PDF format

Note: This is not official record. See documents if question or conflict.

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Entity Name Search

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Memorandum

MIAMI-DADE COUNTY

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 a not-for-profit organization, Borinquen Health Care Center, Inc. for their "4th Annual Emilio Lopez Health Fair and Food Drive" event held on November 30, 2010.

In-kind services have been requested in an amount not to exceed $1,300.00 from the Miami-Dade Park and Recreation Department for the use of a 17'X12' stage. This event will be funded from the unspent balance of the District 3 FY 2008-09 in-kind reserve fund.

In FY 2010-11, Borinquen Health Care Center, Inc., received $41,125 from General Fund to fund HIV/AIDS prevention and education programs.