

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

**MEMORANDUM**

Agenda Item No. 11(A)(9)

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

**DATE:** April 4, 2011

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

**SUBJECT:** Resolution authorizing In-kind  
Services for the July 23, 2011 "UOTS  
Cancer Camp" event  
Resolution No. R-259-11

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Rebeca Sosa.



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

RAC/cp



# MEMORANDUM

(Revised)

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

**DATE:** April 4, 2011

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

**SUBJECT:** Agenda Item No. 11(A)(9)

**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)(9)  
4-4-11

RESOLUTION NO. R-259-11

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE JULY 23, 2011 "UOTS CANCER CAMP" SPONSORED BY MIAMI CHILDREN'S HOSPITAL, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$2,000.00 TO BE FUNDED FROM THE UNSPENT BALANCE OF THE DISTRICT 6 FY 2008-09 IN-KIND RESERVE FUND

**WHEREAS**, Miami Children's Hospital has requested in-kind services from the Miami-Dade Park and Recreation Department for the July 23, 2011 "UOTS Cancer Camp" in an amount not to exceed \$2,000.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, "UOTS Cancer Camp" gives children who are hospitalized with cancer an opportunity to enjoy a sleep-away camp; and

**WHEREAS**, Miami Children's Hospital is a not-for-profit organization; and

**WHEREAS**, the "UOTS Cancer Camp" is a small event, as that term is defined on the attached Fee Waiver/In-kind Service Application, and \$2,000.00 of the in-kind services shall be funded from the unspent balance of the District 6 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 authorizes in-kind services from the Miami-Dade Park and Recreation Department for the July 23, 2011 "UOTS Cancer Camp" in an amount not to exceed \$2,000.00 to be funded from the unspent balance of the District 6 FY 2008-09 In-kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Rebeca Sosa. It was offered by Commissioner **Audrey Edmonson**, who moved its adoption. The motion was seconded by Commissioner **Rebeca Sosa** 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	<b>aye</b>
Jose "Pepe" Diaz	<b>aye</b>	Carlos A. Gimenez	<b>aye</b>
Sally A. Heyman	<b>aye</b>	Barbara J. Jordan	<b>aye</b>
Jean Monestime	<b>aye</b>	Dennis C. Moss	<b>aye</b>
Rebeca Sosa	<b>aye</b>	Sen. Javier D. Souto	<b>aye</b>

The Chairperson thereupon declared the resolution duly passed and adopted this 4<sup>th</sup> day of April, 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

1

*[Handwritten signature]*

*Parks - 2000  
Dist 6 7/30/11*

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:

Dolores Green  
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.

1. Full legal name of the requesting organization: MIAMI CHILDRENS HOSPITAL  
UNITED ORDER TRUG SISTERS CANCER CAMP  
DIVISION OF HEMATOLOGY ONCOLOGY

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.): ATHENA C. PEFKAROU MD  
CAMP DIRECTOR, ASSOC. DIRECTOR DIVISION OF HEMATOLOGY-ONCOLOGY  
MIAMI CHILDRENS HOSPITAL - Tel: 3056628360  
Fax: 3056666387 ; email: athena.pefkarov@mch.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): The use of A.D. Barnes  
Park facility 7/23/11 through 7/30/11 (7 nights / 8 days) for  
the MCH cancer patients sleepaway summer camp.

*5*

*100 250  
700*

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): This is  
a 8 day / 7 night sleep away camp for cancer patients  
ages 7-17 years, treated at the CANCER CENTER MCH.  
They are accompanied by their doctors, nurses, child  
life specialists and counsellors. Approx 30-34 children  
will be attending & almost equal number of  
personel for close supervision

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)): DISTRICT 6  
A. D. BARNES PARK  
3401 S.W. 74 Avenue  
MIAMI FL 33155 Tel 305-665-5319

8. Description of regional or local impact It benefies the children & cancer. A  
week away from the hospital and a chance to  
enjoy activities and have therapeutic experiences  
otherwise impossible to have & the presence of their  
doctors and nurses.

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

the children sleep at the camp site for 4 nights.  
the other 3 nights one in Orlando visiting amusement  
parks. the park is the home base close to the hospital

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

NA

11. Expected number of participants and estimated attendance (per day, if applicable): 30-34 children + 25-40 personnel. On opening day ≈ 200 people for brunch. On closing day ≈ 120 people for closing ceremonies

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

NA

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

  
Signature of Authorized Representative

2/6/11  
Date

**Fee Waiver/In-kind Services Application Check List**

1. Is every item on the application completed?

2. Is the **Full Legal Name** of the organization listed on the application? Example:

- If the legal name of an organization is "We Fight Cancer One Person At a Time, Inc." that is what the application should state and not simply, "We Fight Cancer".

3. Is a copy of the non-profit status included with the application? A copy of that information can be downloaded from the Florida Corporation's Website:

<http://www.sunbiz.org/corpweb/inquiry/cormenu.html>

4. Are the following items indicated:

1. Type of Event (i.e. special, major, district, or small)
2. Applicant Status
3. Name of the Contact person for the organization
4. Physical Address of the Event
5. Specify the fee waiver or in-kind service requested

*NA*

5. Have you included an **event budget** for "Special" and "Major" event types?

6. Has the authorized organization representative signed the application?

**NOTE: ALL QUESTIONS MUST BE ANSWERED. IF ANY INFORMATION IS MISSING, THE APPLICATION WILL NOT BE ACCEPTED.**

For OSBM Staff Use Only

Complete package received

Incomplete package, return to \_\_\_\_\_ District \_\_\_\_\_

Reason(s): \_\_\_\_\_

00910



**Consumer's Certificate of Exemption**

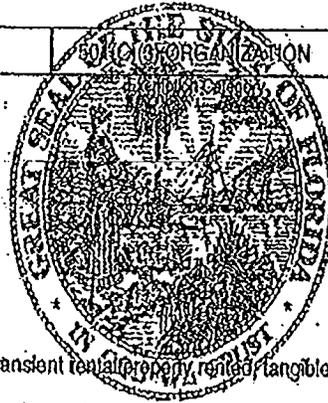
Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
FL 04/05  
10/11/08

85-8012621109C-7	11/23/2008	11/30/2013	NON-PROFIT ORGANIZATION
Certificate Number	Effective Date	Expiration Date	

This certifies that

VARIETY CHILDRENS HOSPITAL  
MIAMI CHILDRENS HOSPITAL  
3100 SW 82ND AVE  
MIAMI FL 33156-3009



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

To Whom It May Concern:

Above please find a copy of Variety Children's Hospital d/b/a Miami Children's Hospital Consumer's Certificate of Exemption. This certificate should provide sufficient documentation that Miami Children's Hospital is exempt from the State of Florida Sales Tax as a non-profit charitable institution.

Pedro A. Alfaro  
Senior Vice President and  
Chief Financial Officer



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No Name History

## Detail by Entity Name

### Florida Non Profit Corporation

VARIETY CHILDREN'S HOSPITAL

#### Filing Information

Document Number 705162  
FE/EIN Number 590638499  
Date Filed 02/04/1963  
State FL  
Status ACTIVE  
Last Event AMENDMENT  
Event Date Filed 01/28/1993  
Event Effective Date NONE

#### Principal Address

3100 SW 62 AVE  
MIAMI FL 33155-3009 US  
Changed 04/20/1994

#### Mailing Address

3100 SW 62 AVE  
MIAMI FL 33155-3009 US  
Changed 04/27/2009

#### Registered Agent Name & Address

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301 US

Name Changed: 04/15/1996

Address Changed: 04/15/1996

#### Officer/Director Detail

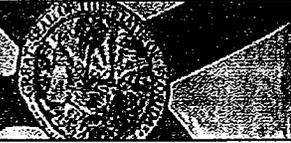
##### Name & Address

Title CD

GREGORY, GARY  
3100 SW 62 AVE.  
MIAMI FL 33155

Title PD

KINI, M. NARENDRA MD  
3100 SW 62 AVE.  
MIAMI FL 33155



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## Detail by Entity Name

### Trademark

MIAMI CHILDREN'S HOSPITAL

### Filing Information

Document Number   928775  
Date Filed   02/14/1983  
Expiration Date   02/14/2013  
Last Event   RENEWAL  
Event Date Filed   09/23/2002  
Event Effective Date   NONE  
First Used in Florida   NONE  
First Used Anywhere   NONE  
Status   ACTIVE

### Mark Used In Connection With

### Owners

#### Name & Address

VARIETY CHILDREN'S HOSPITAL  
6125 S.W. 31ST ST.  
MIAMI, FL. 33155

### Type/Class

SM-0042   SM-0041   0000000000 0000000000 0000000000  
0000000000 0000000000 0000000000 0000000000 0000000000  
0000000000 0000000000 0000000000 0000000000 0000000000  
0000000000 0000000000 0000000000 0000000000 0000000000

### Cross Reference

No Cross Reference

### Document Images

09/23/2002 -- Trademark/Renewal  

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# Memorandum



**Date:** April 4, 2011

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

**From:** George M. Burgess  
County Manager

A handwritten signature in black ink, appearing to read "G. Burgess", written over the printed name of George M. Burgess.

**Subject:** District Specific In-Kind 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 waiver for in-kind services has been requested by a not-for-profit organization, Miami Children's Hospital, for their "United Order True Sisters Cancer Camp" event scheduled for July 23, 2011.

In-kind services have been requested in an amount not to exceed \$2,000 from the Miami-Dade Park and Recreation Department for the facility fee waiver of A.D. Barnes Park. This event will be funded from the unspent balance of the District 6 FY 2008-09 in-kind reserve fund.

In FY 2010-11, the Miami Children's Hospital received no funding for this event.

Inkind01111