



MEMORANDUM

Agenda Item No. 11(A)(34)

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

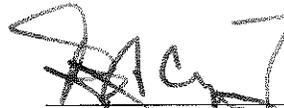
DATE: July 3, 2012

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

SUBJECT: Resolution retroactively authorizing
in-kind services for the June 1,
2012 "Evening under the Stars"
event

Resolution No. R-613-12

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.



R. A. Cuevas, Jr.
County Attorney

RAC/cp



MEMORANDUM

(Revised)

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

DATE: July 3, 2012

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

SUBJECT: Agenda Item No. 11(A)(34)

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)(34)
7-3-12

RESOLUTION NO. R-613-12

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION, AND OPEN SPACES DEPARTMENT FOR THE JUNE 1, 2012 "EVENING UNDER THE STARS" EVENT SPONSORED BY AIR BASE ELEMENTARY SCHOOL IN AN AMOUNT NOT TO EXCEED \$650.00 TO BE FUNDED FROM THE DISTRICT 9 FY 2011-12 IN-KIND RESERVE FUND

WHEREAS, Air Base Elementary School has requested in-kind services from the Parks, Recreation, and Open Spaces Department for the June 1, 2012 "Evening Under the Stars" event in an amount not to exceed \$650.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Evening Under the Stars" event is a community event which enables youngsters to display their talents in a positive forum; and

WHEREAS, the "Evening Under the Stars" event is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$650.00 of the in-kind services shall be funded from the District 9 FY 2011-12 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 Parks, Recreation, and Open Spaces Department for the June 1, 2012 "Evening Under the Stars" event sponsored by Air Base Elementary School in an amount not to exceed \$650.00 to be funded from the District 9 FY 2011-12 In-Kind Reserve Fund.

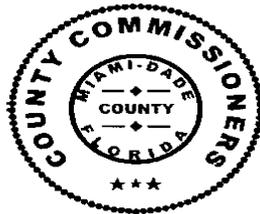
The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner **Jose "Pepe" Diaz**, who moved its adoption. The motion was seconded by Commissioner **Audrey Edmonson** and upon being put to a vote, the vote was as follows:

	Joe A. Martinez, Chairman	aye
	Audrey M. Edmonson, Vice Chairwoman	aye
Bruno A. Barreiro	aye	Lynda Bell aye
Esteban L. Bovo, Jr.	aye	Jose "Pepe" Diaz aye
Sally A. Heyman	aye	Barbara J. Jordan aye
Jean Monestime	aye	Dennis C. Moss aye
Rebeca Sosa	aye	Sen. Javier D. Souto absent
Xavier L. Suarez	aye	

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of July, 2012. 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: **Christopher Agrippa**
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 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 Dennis Moss

1. Full legal name of the requesting organization: Air Base Elementary-Miami-Dade County Public School

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.): _____

Raul Calzadilla, Jr., Principal

12829 SW 272 Street

Phone #(305) 258-3676

Homestead, FL 33032

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

Use of the stage for an event with the fee waived.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): The event
is called Evening Under the Stars which is a talent showcase
involving our Kg-Fifth Grade students. The date is Friday, June 1, 2012
at 6:00 p.m. through 9:00 p.m. This is a community event which
enables our youngsters to display their talents in a positive forum.

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)): This event will take place in
District 9. The address is 12829 SW 272 Street, Homestead, FL 33032.
This is Commission District 9.

8. Description of regional or local impact: The event has a local impact and is open to the
local community. Families may join the event for an evening of
music, food and fun.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Set up on Thursday,
May 31, 2012 at 1:00 p.m. The Event is Friday, June 1, 2012 at
6:00 p.m. - 9:00 p.m. Breakdown stage on Friday night, June 1st or
Saturday, June 2nd.

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10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): The event will take place on the school's hardcourt located on the west end of the campus. There is access from SW 272nd Street via the double gate.

11. Expected number of participants and estimated attendance (per day, if applicable): 400-500

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

5-15-12
Date

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)	
	Business name/disregarded entity name, if different from above Miami-Dade County Public Schools - Air Base Elementary School	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 12829 SW 272 Street		Requester's name and address (optional)
City, state, and ZIP code Homestead, FL 33032		
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 the "Name" line 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 <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 30px;"> </td><td style="width: 30px;"> </td> </tr> </table>	Social security number																			
Social security number																					
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 30px;">8</td><td style="width: 30px;">5</td><td style="width: 30px;">-</td><td style="width: 30px;">8</td><td style="width: 30px;">0</td><td style="width: 30px;">1</td><td style="width: 30px;">3</td><td style="width: 30px;">8</td><td style="width: 30px;">8</td><td style="width: 30px;">7</td> </tr> </table>	Employer identification number										8	5	-	8	0	1	3	8	8	7
Employer identification number																					
8	5	-	8	0	1	3	8	8	7												

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. citizen or other U.S. person (defined below).	
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 ▶ _____ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

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SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION (305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Air Base Elementary School

EQUIPMENT REQUESTED: Stage 16' x16'

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

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): _____

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

NAME/TITLE OF THE EVENT: Under the Stars

ADDRESS OF EVENT: 12829 SW 272 Street Homestead, FL 33032

TODAY'S DATE: 5/07/12 DATE (S) & TIME OF EVENT: 06/01/12 6PM - 9PM

SET-UP TIME & DAY: 10AM 06/01/12

TAKE-DOWN & DAY: 10PM 06/01/12

CONTACT PERSON/PHONE: Raul Calzedilla 305-258-4032

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: \$650.00 In-kind District #9

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: _____

Commissioner Dennis C. Moss
Agency/Group: Commission District #9

**CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE
EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED
1/2 (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) 238-7926

Memorandum



Date: July 3, 2012

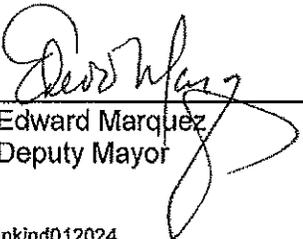
To: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor 

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by Air Base Elementary School for their "Evening Under the Stars" event held on June 1, 2012.

In-kind services have been requested in an amount not to exceed \$650 from the Parks, Recreation, and Open Spaces Department for the use of a 16 x 16 stage. This event will be funded from the District 9 FY 2011-12 In-Kind Reserve Fund.


Edward Marquez
Deputy Mayor

Inkind012024