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

MEMORANDUM

Agenda Item No. 3(A)(8)

TO:	Honorable Chairwoman Rebeca Sosa and Members, Board of County Commissioners	**DATE:**	May 7, 2013
FROM:	R. A. Cuevas, Jr. County Attorney	**SUBJECT:**	Resolution authorizing in-kind services for the July 2013 "United Order True Sisters Cancer Camp" Resolution No. R-312-13

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

R. A. Cuevas, Jr.
County Attorney

RAC/smm

MEMORANDUM
(Revised)

TO: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

DATE: May 7, 2013

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

SUBJECT: Agenda Item No. 3(A)(8)

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 Mayor'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. 3(A)(8)
5-7-13

RESOLUTION NO. R-312-13

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE JULY 2013 "UNITED ORDER TRUE SISTERS CANCER CAMP" SPONSORED BY VARIETY CHILDREN'S HOSPITAL, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $2,000.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 6 FY 2012-13 IN-KIND RESERVE FUND

WHEREAS, Variety Children's Hospital, also known as the Miami Children's Hospital, has requested in-kind services from the Miami-Dade Parks, Recreation and Open Spaces Department for the July 19th-27th, 2013 "United Order True Sisters Cancer Camp" in an amount not to exceed $2,000.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "United Order True Sisters Cancer Camp" gives children who are hospitalized with cancer an opportunity to enjoy a sleep-away camp; and

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

WHEREAS, the "United Order True Sisters Cancer Camp" is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $2,000.00 of the in-kind services shall be funded from the balance of the District 6 FY 2012-13 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 Parks, Recreation and Open Spaces Department for the July 2013 "United Order True Sisters Cancer Camp" sponsored by Variety Children's Hospital in an amount not to exceed $2,000.00 to be funded from the balance of District 6 FY 2012-13 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Chairwoman Rebeca Sosa. It was offered by Commissioner **Lynda Bell**, 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:

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

The Chairperson thereupon declared the resolution duly passed and adopted this 7th day of May, 2013. 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

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:

Delores Green
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.

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

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 GEFKARAUMD. CAMP DIRECTOR; ASSOCIATE DIRECTOR DIVISION OF HEMATOLOGY/ ONCOLOGY – MCH. Tel. 305 6628360 Fax 305 6666387. email: athena.pefkarou@mch.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): The use of A.D. Barnes Park facility 7/19/13 through 7/27/13 (7 nights / 8 days) for MCH Cancer patients sleepaway camp. the 1st day 7/19/13 is for preparation and Counselor orientation.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): This is a 7 night/ 8 day sleep away camp for cancer patients ages 7-17 years treated at Miami Children's Hospital Cancer Center. They are accompanied by their doctors (one on duty at all times), 3-4 nurses, 2 child life specialists and 25-26 counsellors. Approximately 32-24 children will attend: 7/20/13 → 7/27/13

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 benefits the children c̄ cancer. A week away from the hospital and a chance to enjoy activities and have therapeutic experiences otherwise impossible to have. They are protected and served off by familiar faces, their own 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 5 nights and in Orlando at Universal Studios the other 2 night. 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): 32-34 children and 32-34 personel. On opening day ≃ 200 for brunch and on closing day ≃ 120 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

2/25/13
Date

ATHENA L. PEFKANOU MD

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): _____

_____

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Events **No Name History**

Entity Name Search
Search

Return to Search Results

Detail by Entity Name

Florida Non Profit Corporation

VARIETY CHILDREN'S HOSPITAL

Filing Information

Document Number	705162
FEI/EIN Number	590638499
Date Filed	02/04/1963
State or Country	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	09/19/2012
Event Effective Date	NONE

Principal Address

3100 SW 62 AVE
MIAMI, FL 33155-3009

Changed: 04/20/1994

Mailing Address

3100 SW 62 AVE
MIAMI, FL 33155-3009

Changed: 04/20/1994

Registered Agent Name & Address

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name Changed: 04/15/1996

Address Changed: 04/15/1996

Officer/Director Detail

Name & Address

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Title CD

GREGORY, GARY
3100 SW 62 AVE.
MIAMI, FL 33155

Title PD

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

Title SD

WARD, KEITH
3100 SW 62 AVE.
MIAMI, FL 33155

Title VCD

MURGADO, MARIO
3100 SW 62 AVE.
MIAMI, FL 33155

Title T

BIRKENSTOCK, TIM
3100 SW 62 AVE
MIAMI, FL 33155

Annual Reports

Report Year	Filed Date
2010	04/15/2010
2011	03/03/2011
2012	03/21/2012

Document Images

09/19/2012 -- Amendment	View image in PDF format
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02/15/2012 -- Amended and Restated Articles	View image in PDF format
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Events **No Name History**

Entity Name Search

Search

Return to Search Results

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State of Florida, Department of State

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Memorandum

MIAMI-DADE COUNTY

Date: May 7, 2013

To: Honorable Chairwoman Rebeca Sosa
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Subject: District Specific In-Kind Request

A waiver for in-kind services has been requested by Variety Children's Hospital, for their "United Order True Sisters Cancer Camp" event held on July 19th -27th, 2013.

In-kind services have been requested in an amount not to exceed $2,000 from the Miami Dade Parks, Recreation and Open Spaces Department for the use of A.D. Barnes Park facilities. This event will be funded from the balance of District 6 FY 2012-13 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01330