

## MEMORANDUM

Agenda Item No. 3(A)(5)

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


**DATE:** May 7, 2013

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

**SUBJECT:** Resolution retroactively  
authorizing in-kind services for  
the April 4, 2013 "10<sup>th</sup> Annual  
Martin Luther King Jr. Reclaim  
The Dream Candlelight  
Memorial Service"  
Resolution No. R-309-13

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

  
\_\_\_\_\_  
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)(5)

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)(5)  
5-7-13

RESOLUTION NO. R-309-13

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE APRIL 4, 2013 “10<sup>TH</sup> ANNUAL MARTIN LUTHER KING JR. RECLAIM THE DREAM CANDLELIGHT MEMORIAL SERVICE” SPONSORED BY MARTIN LUTHER KING ECONOMIC DEVELOPMENT CORPORATION, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED \$1,065.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 2 FY 2012-13 IN-KIND RESERVE FUND

**WHEREAS**, Martin Luther King Economic Development Corporation has requested in-kind services from the Miami-Dade Parks, Recreation and Open Spaces Department for the April 4, 2013 “10<sup>th</sup> Annual Martin Luther King Jr. Reclaim The Dream Candlelight Memorial Service” in an amount not to exceed \$1,065.00 (see attached Fee Waiver/In-kind Service Application); and

**WHEREAS**, the purpose of the “10<sup>th</sup> Annual Martin Luther King Jr. Reclaim The Dream Candlelight Memorial Service” is to commemorate the life and work of Dr. Martin Luther King; and

**WHEREAS**, the Martin Luther King Economic Development Corporation is a not-for-profit organization; and

**WHEREAS**, the “10<sup>th</sup> Annual Martin Luther King Jr. Reclaim The Dream Candlelight Memorial Service” is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$1,065.00 of the in-kind services shall be funded from the balance of the District 2 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 retroactively authorizes in-kind services from the Miami-Dade Parks, Recreation and Open Spaces Department for the April 4, 2013 "10<sup>th</sup> Annual Martin Luther King Jr. Reclaim The Dream Candlelight Memorial Service" sponsored by Martin Luther King Economic Development Corporation in an amount not to exceed \$1,065.00 to be funded from the balance of District 2 FY 2012-13 In-Kind Reserve Fund.

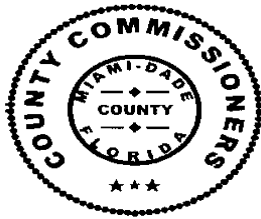
The Prime Sponsor of the foregoing resolution is Commissioner Jean Monestime. It was offered by Commissioner **Lynda Bell**, who moved its adoption. The motion was seconded by Commissioner **Sally A. Heyman** and upon being put to a vote, the vote was as follows:

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

The Chairperson thereupon declared the resolution duly passed and adopted this 7<sup>th</sup> 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  
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 Commissioner Morosini

1. Full legal name of the requesting organization: Martin Luther King Economic Development Corporation, 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.): Christine King, President/CEO, 6114 NW 7<sup>th</sup> Avenue, Miami FL 305-757-7652(O); 305-758-5777(F)  
ckmk@bellouth.net

4. Specify fee waiver or in-kind service requested (quantify, if applicable): 1 bleachers

"10th Annual"

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Marlin  
Luther King Jr. Reclaim The Dream  
Candlelight Memorial Service, Thursday  
April 4<sup>th</sup> at 6:01pm Unity March, Gospel  
Concert, candlelight prayer

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)): MLK Blvd.  
(NW 62nd Street) and NW 8th Avenue

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

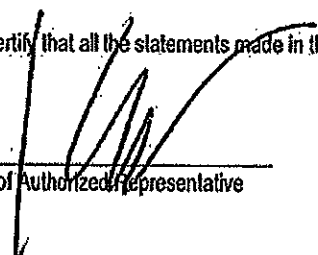
\_\_\_\_\_

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



4.1.13  
\_\_\_\_\_  
Date



**Request for Taxpayer  
 Identification Number and Certification**

Give Form to the  
 requester. Do not  
 send to the IRS.

Name (as shown on your income tax return)  
**Martin Luther King Economic Development Corp.**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required):  
 Individual/sole proprietor  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_

Other (see instructions) ▶ \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
**6114 NW 7th Avenue**

City, state, and ZIP code  
**Miami, FL 33127**

List account number(s) (if any) (optional)

Requester's name and address (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 *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

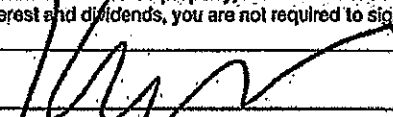
Social security number	
Employer identification number	
59	2042422

**Part II Certification**

Under penalties of perjury, I certify that:

- 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
- 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
- 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.

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

**EQUIPMENT (S) CONFIRMATION FORM**

**ORGANIZATION/AGENCY:** Miami Dade County Commissioner Jean Monestime

**EQUIPMENT REQUESTED:** Bleachers 250 Seat Capacity

**NAME OF PERSON RESPONSIBLE FOR THIS BILL:** Melonie Burke

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

**BILLING ADDRESS/ZIP CODE:** 900 NE 125 Street Miami, Florida 33161

**NAME/TITLE OF THE EVENT:** MLK Reclaim the Dream

**ADDRESS OF EVENT:** MLK Blvd. (62<sup>nd</sup> Street) & N.W. 7<sup>th</sup> Ave.

**TODAY'S DATE:** 4/2/13      **DATE (S) & TIME OF EVENT:** April 04 2013/ 6:01PM

**SET-UP TIME & DAY:** 4/4/13 9:00 AM

**TAKE-DOWN & DAY:** 4/4/13 10:30 pm

**CONTACT PERSON/PHONE:** Melonie Burke 305-505-1295

**AT SITE CONTACT/CELL PHONE#:** Christine King 305-757-7652

**SPECIAL INSTRUCTIONS:** Direction item(s) are to be placed, maps, diagrams, etc. MLK Blvd.

**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: \$1,065.00      **Signature:** \_\_\_\_\_

\*(SEE FEE SCHEDULE FOR EXACT CHARGES)      **Agency/Group:** Martin Luther King Economic Development Corporation

**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

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DIVISION OF CORPORATIONS


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## Detail by Entity Name

### Florida Non Profit Corporation

MARTIN LUTHER KING ECONOMIC DEVELOPMENT CORPORATION

### Filing Information

Document Number	734428
FEI/EIN Number	592042422
Date Filed	11/25/1975
State or Country	FL
Status	ACTIVE
Last Event	AMENDMENT
Event Date Filed	10/15/2001
Event Effective Date	NONE

### Principal Address

6114 NW 7TH AVENUE  
MIAMI, FL 33127

Changed: 08/16/2004

### Mailing Address

6114 NW 7TH AVENUE  
MIAMI, FL 33127

Changed: 02/04/2009

### Registered Agent Name & Address

KING, CHRISTINE M  
6114 NW 7TH AVENUE  
MIAMI, FL 33127

Name Changed: 02/10/2012

Address Changed: 02/10/2012

### Officer/Director Detail

#### Name & Address

Title C

HARDEMON, BILLY

//

655 NW 48TH STREET  
MIAMI, FL 33127

Title BM

CHIVERTON, DAVID  
946 NW 46TH STREET  
MIAMI, FL 33127

Title VC

STEWART, HELEN  
813 NW 103RD STREET  
MIAMI, FL 33150

Title BM

MARSHALL, KEVIN T  
5530 NW 23 AVE  
MIAMI, FL 33142

Title S

MCNEIL, AMINA M  
105 NW 83RD STREET  
MIAMI, FL 33150

Title T

WALTERS, RODRICK  
582 NW 158TH AVENUE  
PEMBROKE PINES, FL 33028

**Annual Reports**

Report Year	Filed Date
2010	03/31/2010
2011	05/02/2011
2012	02/10/2012

**Document Images**

<u>02/10/2012 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>05/02/2011 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>03/31/2010 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>10/21/2009 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>02/04/2009 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>05/28/2008 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
<u>02/07/2007 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>
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<u>10/16/2003 -- ANNUAL REPORT</u>	<a href="#">View image in PDF format</a>

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<a href="#">05/01/2002 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">10/15/2001 -- Amendment</a>	<a href="#">View image in PDF format</a>
<a href="#">05/17/2001 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">05/30/2000 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
<a href="#">07/20/1999 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>
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<a href="#">03/14/1996 -- ANNUAL REPORT</a>	<a href="#">View image in PDF format</a>

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# Memorandum



**Date:** May 7, 2013

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

**From:** Carlos A. Gimenez  
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez", written over a horizontal line.

**Subject:** District Specific In-Kind Request

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A retroactive waiver for in-kind services has been requested by Martin Luther King Economic Development Corporation for their "10<sup>th</sup> Annual Martin Luther King Jr. Reclaim the Dream Candlelight Memorial Services" event held on April 4, 2013.

In-kind services have been requested in an amount not to exceed \$1,065 from the Miami Dade Parks, Recreation and Open Spaces Department for the use of bleachers of 250 seat capacity. This event will be funded from the balance of District 2 FY 2012-13 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Edward Marquez", written over a horizontal line.

Edward Marquez  
Deputy Mayor

Inkind01324