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

MEMORANDUM

Agenda Item No. 3(A)(12)

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

DATE: October 22, 2013

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

SUBJECT: Resolution retroactively authorizing in-kind services for the June 23-29, 2013 "Camp Fun Rise" event
Resolution No. R-836-13

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/cp

MEMORANDUM
(Revised)

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

DATE: October 22, 2013

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

SUBJECT: Agenda Item No. 3(A)(12)

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)(12)
10-22-13

RESOLUTION NO. R-836-13

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE JUNE 23-29, 2013 "CAMP FUN RISE" EVENT SPONSORED BY THE ARTHRITIS FOUNDATION IN AN AMOUNT NOT TO EXCEED $800.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 6 FY 2012-13 IN-KIND RESERVE FUND

WHEREAS, the Arthritis Foundation has requested in-kind services from the Miami-Dade Parks, Recreation and Open Spaces Department for the June 23-29, 2013 "Camp Fun Rise" event in an amount not to exceed $800.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of "Camp Fun Rise" is to give children with arthritis the opportunity to learn about their disease, meet others who share their health issues and make lasting memories; and

WHEREAS, the Arthritis Foundation is a not-for profit organization; and

WHEREAS, the "Camp Fun Rise" event is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $800.00 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 retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the June 23-29, 2013 "Camp Fun Rise" event sponsored by the Arthritis Foundation in an amount not to exceed $800.00 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 **Rebeca Sosa** and upon being put to a vote, the vote was as follows:

Rebeca Sosa, Chairwoman	**aye**		
Lynda Bell, Vice Chair	**aye**		
Bruno A. Barreiro	**absent**	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	**absent**
Sen. Javier D. Souto	**absent**	Xavier L. Suarez	**aye**
Juan C. Zapata	**absent**		

The Chairperson thereupon declared the resolution duly passed and adopted this 22nd day of October, 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: Arthritis Foundation, Florida Chapter

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.):

   Susan Cuellar
   800-850-9455 x - office; 813-495-0121 - cell
   scuellar@arthritis.org

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

   District 6 In-kind reserves for $800.00.
   Camp FunRise rental of AD Barnes Leisure Access Center

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):

Camp FunRise June 23 thru 29, 2013

Week -long sleep over camp for children, ages 8 to 12, with juvenile arthritis

Camp FunRise is a collaborative project between the Arthritis Foundation Florida Chapter, the Rheumatology Department of Miami Children's Hospital and Miami Children's Hospital

This camp provides children with arthritis the opportunity to learn about their disease, meet others who share their health issues and make lasting memories. Knowing the financial burden arthritis has on a family, Camp FunRise is always free for the campers

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)):

AD Barnes Leisure Access Center

3401 SW 72nd Ave

Miami, FL 33155

8. Description of regional or local impact:

Camp FunRise is the only the camp serving children with juvenile arthritis in the South Florida area.

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

June 23th - opening day; throughout the week the campers learn about their disease, working on understanding their treatments along with fun activities including arts & crafts, sports and nature crafts. Closing day is June 29th

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): AD Barnes Leisure Access Center includes two large sleeping cabins, a multi-purpose and kitchen used by the camp. the campers and volunteer staff also go on field trips in the local area.

11. Expected number of participants and estimated attendance (per day, if applicable): 37 total
24 campers, 6 counselors, 3 medical staff, 3 program staff and 2 management staff

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Camp Funrise runs mostly on in-kind donations from MCH and local business. We do have a $8500 budget from the two sponsoring organizations

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

Susan M. Cooper
Signature of Authorized Representative

6/19/13
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

_____ 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): _____

_____

ARTHRITIS FOUNDATION®
Take Control. We Can Help.™

NATIONAL OFFICE
1330 West Peachtree Street
Suite 100
Atlanta, Georgia 30309
tel (404) 965-7547
fax (404) 872-0457
rmckinnon@arthritis.org

Dear Sir/Madame:

This is confirmation that the Florida Chapter of the Arthritis Foundation is authorized to solicit funds as a 501(c) (3) organization.

The Arthritis Foundation, Inc. and its affiliate units were granted exemption under section 501 (c) (3) of the Internal Revenue Code by a group ruling letter dated December 21, 1978. The group ruling number for the organization and its affiliates is 8510. This number is used for identification purposes for both the National Office and its affiliates, of which the Florida Chapter is an affiliate unit and a chapter in good standing.

The exemption granted is currently in effect and will remain in effect until terminated, modified, or revoked by the Internal Revenue Service.

Sincerely,

Robert G. McKinnon
Senior Vice President/Chief Financial Officer

c: Ms. Donna Glidden, VP of Finance & Operations,
Arthritis Foundation, Florida Chapter

Memorandum

MIAMI-DADE COUNTY

Date: October 22, 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 the Arthritis Foundation, for their "Camp Fun Rise" event held on June 23rd -29th, 2013.

In-kind services have been requested in an amount not to exceed $800 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

Inkind01356