

MEMORANDUM

Agenda Item No. 3(A)(11)

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

DATE: May 6, 2014

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

SUBJECT: Resolution authorizing in-kind
services for the July 25 –
August 2, 2014 “United Order
True Sisters Cancer Camp”
Resolution No. R-383-14

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 6, 2014

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

SUBJECT: Agenda Item No. 3(A)(11)

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

Agenda Item No. 3(A)(11)

Veto _____

5-6-14

Override _____

RESOLUTION NO. R-383-14

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE JULY 25 – AUGUST 2, 2014 “UNITED ORDER TRUE SISTERS CANCER CAMP” SPONSORED BY VARIETY CHILDREN’S HOSPITAL IN AN AMOUNT NOT TO EXCEED \$2,000 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 6 FY 2013-14 IN-KIND RESERVE FUND

WHEREAS, Variety Children’s Hospital, also known as the Miami Children’s Hospital, has requested in-kind services from the Parks, Recreation and Open Spaces Department for the July 25 – August 2, 2014 “United Order True Sisters Cancer Camp” event 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” will, among other things, give young cancer patients the opportunity to participate in therapeutic experiences and enjoy activities outside of a hospital environment; 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 2013-14 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 Parks, Recreation and Open Spaces Department for the July 25 – August 2, 2014 “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 2013-14 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Chairwoman Rebeca Sosa. It was offered by Commissioner **Dennis C. Moss**, 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	aye	Audrey M. Edmonson aye
Sally A. Heyman	aye	Barbara J. Jordan aye
Jean Monestime	aye	Dennis C. Moss aye
Sen. Javier D. Souto	aye	Xavier L. Suarez aye
Juan C. Zapata	absent	

The Chairperson thereupon declared the resolution duly passed and adopted this 6th day of May, 2014. 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 CHILDREN'S HOSPITAL / DIVISION OF HEMATOLOGY ONCOLOGY / UNITED ORDER TABLE 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 C. PEFKAROU MD .
CAMP DIRECTOR; ASS. DIRECTOR DIVISION HEM/ONC MCH
Tel 305 662 8360 Fax 305 666 6387
email: athena.pefkaron@mch.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): The use of A.D. Barnes
Park Facility 7/25/14 through 8/21/14 for the
sleep away camp for children with cancer treated
at MCH. The 1st day is for prearrangements counselors
orientation.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): NOTS cancer
Camp. 7/25/14 through 8/2/14. This is a sleepaway
camp for 34 children, ages 7-17 years, boys and
girls. They have cancer and one treated w/ MDT.
They are accompanied by 3 nurses, 2 child life specialists,
24-26 counsellors and one doctor (myself).
For their trip to Orlando a 2nd doctor will be there.

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 c cancer. A
week away from the hospital. The chance to enjoy
activities and have therapeutic experiences
otherwise impossible to have. They are cared
by familiar faces from the hospital.

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 nights. The
room is the home base close to the hospital for
quick visits for transfusions if needed.

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, 32-34 personnel. On opening day ≈ 200 for bunch of ≈ 120 on closing day for farewell ceremony.

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

2/9/14
Date

ATHENA C. PECKANOW 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



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	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

Andrews-Singh, April
3100 SW 62 AVE
MIAMI, FL 33155-3009

Name Changed: 04/22/2013

Address Changed: 04/22/2013

Officer/Director Detail

Name & Address

Title Chairman

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

Title Director

Fux, Michael
3100 SW 62 AVE
MIAMI, FL 33155-3009

Title Director

Gouraige, Ghislain
3100 SW 62 AVE
MIAMI, FL 33155-3009

Title Director

Granado-Villar, Deise, MD
3100 SW 62 AVE
MIAMI, FL 33155-3009

Title Director

Mas, Juan Carlos
3100 SW 62 AVE
MIAMI, FL 33155-3009

Title Director

Massirman, Jay
3100 SW 62 AVE
MIAMI, FL 33155-3009

Title Director

McKean, Steven
3100 SW 62 AVE
MIAMI, FL 33155-3009

Title Director

Newcomm, Phillip, MD
3100 SW 62 AVE
MIAMI, FL 33155-3009

Title Director

Soto, Alex
3100 SW 62 AVE
MIAMI, FL 33155-3009

Annual Reports

Report Year	Filed Date
2011	03/03/2011
2012	03/21/2012

Memorandum



Date: May 6, 2014

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".

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 25 - August 2, 2014.

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 2013-14 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Edward Marquez".

Edward Marquez
Deputy Mayor

Inkind01428