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

MEMORANDUM

Agenda Item No. 3(A)(5)

TO:	Honorable Chairwoman Rebeca Sosa and Members, Board of County Commissioners	**DATE:**	September 3, 2014
FROM:	R. A. Cuevas, Jr. County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services for the April 6, 2014 "Immigration Reform" event Resolution No. R-704-14

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Bruno A. Barreiro.

R. A. Cuevas, Jr.
County Attorney

RAC/smm

/

MEMORANDUM
(Revised)

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

DATE: September 3, 2014

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)
9-3-14

RESOLUTION NO. R-704-14

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE APRIL 6, 2014 "IMMIGRATION REFORM" EVENT SPONSORED BY FRANCISCO MORAZAN HONDURAN INTEGRATED ORGANIZATION, INC. IN AN AMOUNT NOT TO EXCEED $1,750.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 5 FY 2013-14 IN-KIND RESERVE FUND

WHEREAS, the Francisco Morazan Honduran Integrated Organization, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the April 6, 2014 "Immigration Reform" event in an amount not to exceed $1,750.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Immigration Reform" event is to raise funds to assist those who are undocumented; and

WHEREAS, the Francisco Morazan Honduran Integrated Organization, Inc. is a not-for profit organization; and

WHEREAS, the "Immigration Reform" event is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $1,750.00 of the in-kind services shall be funded from the balance of the District 5 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 retroactively authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the April 6, 2014 "Immigration Reform" event sponsored by the Francisco Morazan Honduran Integrated Organization, Inc. in an amount not to exceed $1,750.00 to be funded from the balance of District 5 FY 2013-14 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Bruno A. Barreiro. It was offered by Commissioner **Sally A. Heyman**, who moved its adoption. The motion was seconded by Commissioner **Lynda Bell** 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	**aye**	Dennis C. Moss	**aye**
Sen. Javier D. Souto	**aye**	Xavier L. Suarez	**absent**
Juan C. Zapata	**aye**		

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of September, 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
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 _____

1. Full legal name of the requesting organization: ORGANIZACION HONDURENA INTG FRANCISCO MORAZAN

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.): FRANCISCO PORTILLO
   43 NW 27 AVE MIAMI FL 33125 TEL 305 962 4089 FAX 305 643 5840

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

5. Name, date of event, description, and purpose of the event (If event is a fund-raiser, define the beneficiaries): IMMIGRATION REFORM ORDER SUPPORTING 11 MILLION UNDOCUMENTED RAISING MONEY WILL NOT TUESDAY APRIL 06 2014

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)): PARKING IGLESIA SAN MICHAEL 2987 WEST FLAGLER ST MIAMI FL 33135 DISTRIC FIVE

8. Description of regional or local impact: UNDOCUMENT FELL COMMUNITES ARE SUPPORTED WITH MIGRATION ISSUES

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

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): 2000.00 PERSONAS

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

03-27-2014
Date

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: ORGANIZACION HONDURENA INTG FRANCISCO MORAZAN

EQUIPMENT REQUESTED: SHOW MOBILE 27 A X 16 FT

NAME OF PERSON RESPONSIBLE FOR THIS BILL:

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE:

NAME/TITLE OF THE EVENT: IMMIGRATION REFORM FOR MIGRANT

ADDRESS OF EVENT: IGLESIA SA MICHAEL 2987 WEST FLAGLER ST MIAMI FL 3313

TODAY'S DATE: _____ DATE (S) & TIME OF EVENT: SUDAY 06 APRIL 2014

SET-UP TIME & DAY: 1:00 PM SUDAY 06 2014

TAKE-DOWN & DAY: 7:00 PM SUDAY 06 2014

CONTACT PERSON/PHONE: FRANCISCO PORTILLO 305 962 4089

AT SITE CONTACT/CELL PHONE#: OSCAR UREY 786 539 8773

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.
PARKING IGLESIAS SAN MICHAEL 2987 WEST FLAGLER ST MIAMI FL 33135

OTHER INFORMATION: Include additional equipment if needed.
NOT

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: 1750 Signature: [signature]

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Agency/Group: O.I.F.-M

ORGANIZACION HONDURENA INTEGRADA FRANCISCO MORAZAN

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS www.sunbiz.org

Detail by Entity Name

Florida Non Profit Corporation

FRANCISCO MORAZAN HONDURAN INTEGRATED ORGANIZATION INC.

Cross Reference Name

ORGANIZACION HONDURENA INTEGRADA FRANCISCO MORAZAN, INC.

Filing Information

Document Number	N98000001105
FEI/EIN Number	650827364
Date Filed	02/24/1998
State	FL
Status	ACTIVE
Last Event	CANCEL ADM DISS/REV
Event Date Filed	02/02/2004
Event Effective Date	NONE

Principal Address

43 NW 27 AVE
MIAMI, FL 33125

Changed: 02/02/2004

Mailing Address

43 NW 27 AVE
MIAMI, FL 33125

Changed: 02/02/2004

Registered Agent Name & Address

PORTILLO, FRANCISCO
43 NW 27 AVE
MIAMI, FL 33125

Address Changed: 02/02/2004

Officer/Director Detail

Name & Address

Title P

PORTILLO, FRANCISCO

9

43 NW 27 AVE
MIAMI, FL 33125

Title V

ZELAYA, JUAN M
1332 SW 5TH ST. APT-6
MIAMI, FL 33135

Title S

PINEDA, CESAR
43 NW 27 AVE
MIAMI, FL 33125

Title T

COLINDRES, LUIS E
15925 SW 102 PLACE
MIAMI, FL 33157

Annual Reports

Report Year	Filed Date
2012	04/22/2012
2013	05/22/2013
2014	04/21/2014

Document Images

04/21/2014 -- ANNUAL REPORT	View image in PDF format
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05/07/2010 -- Dom/For AR	View image in PDF format
02/03/2009 -- Dom/For AR	View image in PDF format
05/08/2007 -- ANNUAL REPORT	View image in PDF format
06/08/2006 -- ANNUAL REPORT	View image in PDF format
09/12/2005 -- ANNUAL REPORT	View image in PDF format
02/02/2004 -- REINSTATEMENT	View image in PDF format
02/23/1999 -- Off/Dir Resignation	View image in PDF format
02/15/1999 -- Off/Dir Resignation	View image in PDF format
02/15/1999 -- Off/Dir Resignation	View image in PDF format
02/24/1998 -- Domestic Non-Profit	View image in PDF format
02/15/1998 -- Off/Dir Resignation	View image in PDF format

Memorandum

MIAMI-DADE COUNTY

Date: September 3, 2014

To: Honorable Chairwoman Rebeca Sosa
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 Francisco Morazan Honduran Integrated Organization, Inc., for their "Immigration Reform" event held on April 6, 2014.

In-kind services have been requested in an amount not to exceed $1,750 from the Miami Dade Parks, Recreation and Open Spaces Department for the use of a 27' x 16' showmobile. This event will be funded from the balance of District 5 FY 2013-14 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01454