OFFICIAL FILE COPY
CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

MEMORANDUM

Agenda Item No. 3(A)(16)

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 May 17, 2014 "National Nurse Week/Hospital Week Family Picnic" Resolution No. R-715-14

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Xavier L. Suarez.

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)(16)

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)(16)
9-3-14

RESOLUTION NO. R-715-14

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE MAY 17, 2014 "NATIONAL NURSE WEEK/HOSPITAL WEEK FAMILY PICNIC" SPONSORED BY SEIU LOCAL 1991 IN AN AMOUNT NOT TO EXCEED $500.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 7 FY 2013-14 IN-KIND RESERVE FUND

WHEREAS, SEIU Local 1991 has requested in-kind services from the Parks, Recreation and Open Spaces Department for the May 17, 2014 "National Nurse Week/Hospital Week Family Picnic" in an amount not to exceed $500.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "National Nurse Week/Hospital Week Family Picnic" is to thank the nurses and doctors of Local 1991 SEIU and Jackson Health Systems for their hard work and dedication; and

WHEREAS, the "National Nurse Week/Hospital Week Family Picnic" is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $500.00 of the in-kind services shall be funded from the balance of the District 7 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 May 17, 2014 "National Nurse Week/Hospital Week Family Picnic" event sponsored by SEIU Local 1991, in an amount not to exceed $500.00 to be funded from the balance of District 7 FY 2013-14 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Xavier L. Suarez. 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 Xavier Suarez

1. Full legal name of the requesting organization: SEIU - LOCAL 1991

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.):
   Sharon Marlow - Chief of Finance & Operations
   18441 NW 2nd Ave. #502, Miami 33169
   305-620-6555, sharon@seiu1991.org

4. Specify fee waiver or in-kind service requested (quantify, if applicable):
   WAIVER OF PARKING FEES @ CRANDON PARK for approximately 40 CARS on MAY 17, 2014.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): National Nurse week / Hospital week Family Picnic is an event to thank the nurses & doctors of LOCAL 1991 SEIU / Jackson Health Systems for their hard work & dedication.

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 7
Biscayne Nature Center
6767 Crandon Park Blvd.
Key Biscayne 33149

8. Description of regional or local impact: N/A

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

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): N/A

11. Expected number of participants and estimated attendance (per day, if applicable): N/A

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): N/A

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

Signature of Authorized Representative

5/6/14
Date

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 SEIU Local 1991, for their "National Nurse Week/Hospital Week Family Picnic" event held on May 17, 2014.

In-kind services have been requested in an amount not to exceed $500 from the Miami Dade Parks, Recreation and Open Spaces Department contributing towards parking fees. This event will be funded from the balance of District 7 FY 2013-14 In-Kind Reserve Fund.

Edward Marquez
Deputy Mayor

Inkind01455