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

MEMORANDUM

Agenda Item No. 3(A)(3)

TO: Honorable Chairman Jean Monestime and Members, Board of County Commissioners

DATE: December 15, 2015

FROM: Abigail Price-Williams County Attorney

SUBJECT: Resolution retroactively authorizing in-kind services for the October 24, 2015 "City of North Bay Village Halloween" event

Resolution No. R-1131-15

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

Abigail Price-Williams
County Attorney

APW/smm

MEMORANDUM

(Revised)

TO: Honorable Chairman Jean Monestime
and Members, Board of County Commissioners

DATE: December 15, 2015

FROM: Abigail Price-Williams
County Attorney

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

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**

_____ **Statement of social equity 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)(3)
12-15-15

RESOLUTION NO. R-1131-15

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE OCTOBER 24, 2015 "CITY OF NORTH BAY VILLAGE HALLOWEEN" EVENT SPONSORED BY THE CITY OF NORTH BAY VILLAGE IN AN AMOUNT NOT TO EXCEED $650.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 4 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, the City of North Bay Village has requested in-kind services from the Parks, Recreation and Open Spaces Department for the October 24, 2015 "City of North Bay Village Halloween" event in an amount not to exceed $650.00; and

WHEREAS, the "City of North Bay Village Halloween" event brings together residents of the City of North Bay Village and surrounding communities in a safe environment to enjoy Halloween; and

WHEREAS, the "City of North Bay Village Halloween" is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and $650.00 of the in-kind services shall be funded from the balance of the District 4 FY 2015-16 In-Kind Reserve funds,

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 October 24, 2015 "City of North Bay Village Halloween" event sponsored by the City of North Bay Village, in an amount not to exceed $650.00 to be funded from the balance of the District 4 FY 2015-16 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Sally A. Heyman. It was offered by Commissioner **Esteban L. Bovo, Jr.**, who moved its adoption. The motion was seconded by Commissioner **José "Pepe" Diaz** and upon being put to a vote, the vote was as follows:

Jean Monestime, Chairman **aye**
Esteban L. Bovo, Jr., Vice Chairman **aye**

Bruno A. Barreiro	**aye**	Daniella Levine Cava	**aye**
Jose "Pepe" Diaz	**aye**	Audrey M. Edmonson	**absent**
Sally A. Heyman	**absent**	Barbara J. Jordan	**aye**
Dennis C. Moss	**absent**	Rebeca Sosa	**absent**
Sen. Javier D. Souto	**aye**	Xavier L. Suarez	**aye**
Juan C. Zapata	**absent**		

The Chairperson thereupon declared the resolution duly passed and adopted this 15th day of December, 2015. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the 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:

Office of Management and Budget
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 Commissioner Sally Heyman

1. Full legal name of the requesting organization: City of North Bay Village

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.): adeleon@nbvillage.com
Ana Deleon (O) 305 756-7171 EXT 72 (C) 786 390-3386 (F) 305 756-7722
1666 Kennedy Causeway Suite 300, North Bay Village, FL 33141

4. Specify fee waiver or in-kind service requested (quantify, if applicable): 16 X 16 STAGE
We respectfully request a fee waiver for cost of the 16x16 stage for our village event.

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): Halloween Event October 24, 2015
The Village is hosting it's annual Halloween Event for the residents at Dr. Paul Vogel Community Park located in one of the local parks.

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)): Dr. Paul Vogel Park
7920 West Drive, North Bay Village, FL 33141

8. Description of regional or local impact:

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Setup 9AM.
Event 6:30pm – 9:30pm

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

10/2/2015
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: North Bay Village

EQUIPMENT REQUESTED: STAGE 16X16

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Heyman

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): 1100 N.E. 163rd Street Ste 303 North Miami Beach, FL 33162

BILLING ADDRESS/ZIP CODE: 1666 Kennedy Causeway 3rd Floor North Bay Village, FL 33141

NAME/TITLE OF THE EVENT: North Bay Village Halloween Spooktacular

ADDRESS OF EVENT: DR. PAUL VOGEL COMMUNITY PARK 7920 West Drive NBV, FL 33141

TODAY'S DATE: 10/7/15

DATE (S) & TIME OF EVENT: Oct 24, 2015 6:30-9:30PM

SET-UP TIME & DAY: 12PM 10-24-15

TAKE-DOWN & DAY:

CONTACT PERSON/PHONE: ANA DeLeón 786-390-3886 756-7171

AT SITE CONTACT/CELL PHONE#: ANA DeLeon 786 390-3886

SPECIAL INSTRUCTIONS: Direction item(s) are to be placed, maps, diagrams, etc.
(see attached)

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: $1650.00

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

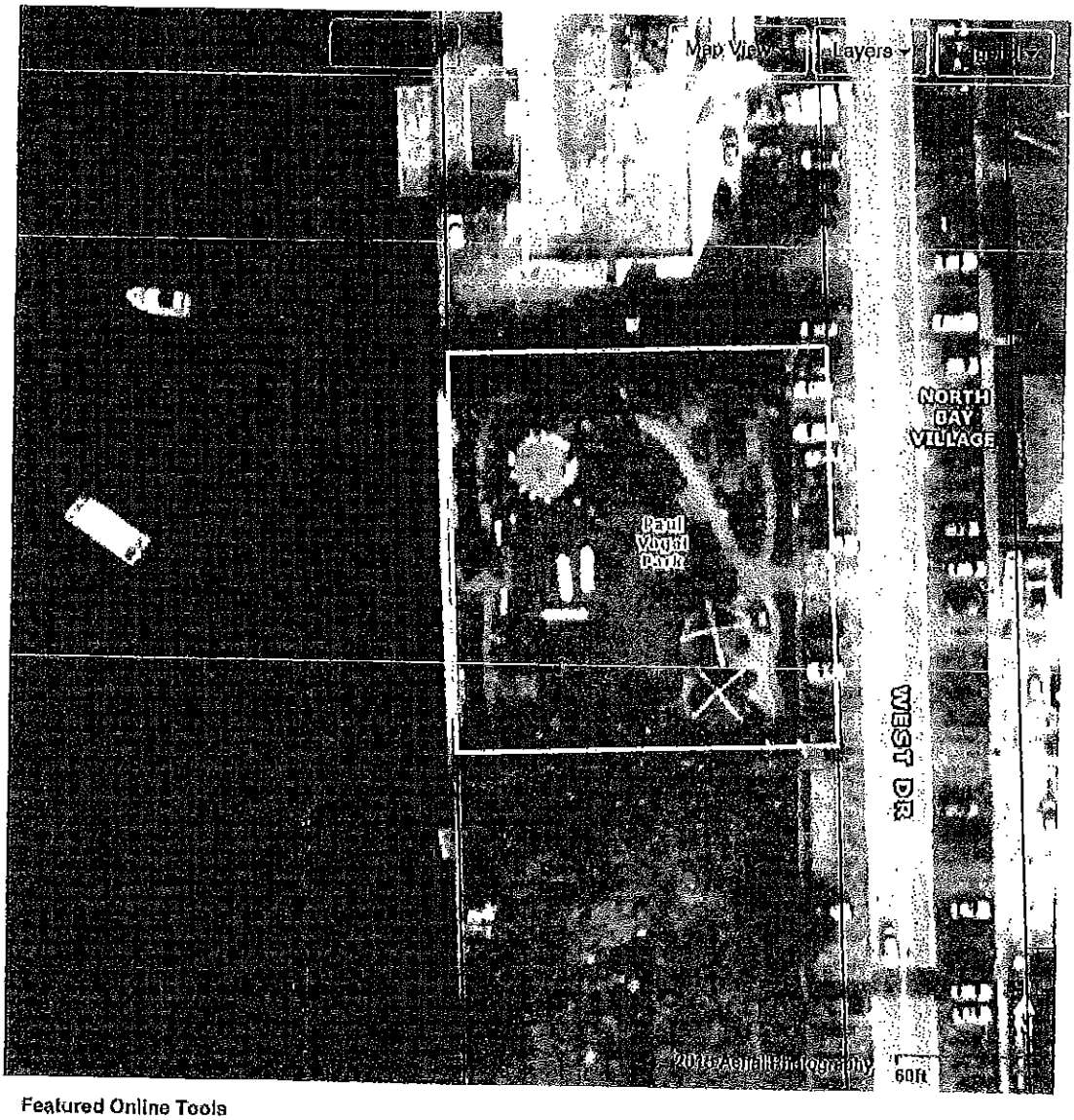
Signature: Ana DeLeon

Agency/Group: NORTH BAY VILLAGE
~~1666 KENNEDY CAUSEWAY, STE 300~~
NORTH BAY VILLAGE, FL 33141

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

Actual Area	207 Sq.Ft
Living Area	207 Sq.Ft
Adjusted Area	207 Sq.Ft
Lot Size	22,400 Sq.Ft
Year Built	2014



Featured Online Tools

Comparable Sales
Non-Ad Valorem Assessments
Glossary
PA Additional Online Tools

NORTH BAY VILLAGE ANNUAL HALLOWEEN EVENT

OCTOBER 24, 2015 6:30PM-9:30PM

Halloween Budget FY 2014/2015	5,500.00
Halloween Expenses 2015	
Candy	$545.64
Stack skulls Decoration	$58.99
Tent Side Walls/Table Chairs	$728.07
A/C Power	$1,000.00
DJ Music	$285.00
Stanchions	$547.80
Food for MBSH School Volunteers	$60.00
Costume Prizes	$600.00
Miscellaneaous expenses	$1,674.50
Total	**$5,500.00**

Memorandum

MIAMI-DADE COUNTY

Date: December 15, 2015

To: Honorable Chairman Jean Monestime
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 City of North Bay Village for their "City of North Bay Village Halloween" event held on October 24, 2015.

In-kind services have been requested in an amount not to exceed $650.00 from the Parks, Recreation, and Open Spaces Department contributing towards the utilization of a 16' x 16' stage. This event will be funded from the balance of District 4 FY 2015-16 In-Kind Reserve Funds.

Edward Marquez
Deputy Mayor

Inkind01556