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

MEMORANDUM

Agenda Item No. 3(A)(4)

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

DATE: April 5, 2016

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution retroactively authorizing in-kind services for the November 7, 2015 "1st Annual Modello Community Reunion" sponsored by the Mothers Against Bullies, Inc.

Resolution No. R-244-16

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.

Abigail Price-Williams
County Attorney

APW/lmp

MEMORANDUM

(Revised)

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

DATE: April 5, 2016

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(4)

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)(4)
4-5-16

RESOLUTION NO. R-244-16

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE NOVEMBER 7, 2015 "1ST ANNUAL MODELLO COMMUNITY REUNION" SPONSORED THE MOTHERS AGAINST BULLIES, INC. IN AN AMOUNT NOT TO EXCEED $650.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, Mothers Against Bullies, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the November 7, 2015 "1st Annual Modello Community Reunion" in an amount not to exceed $650.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "1st Annual Modello Community Reunion" is to bring the community together by creating a family-friendly atmosphere open to the public featuring, among other things, food, music, and games; and

WHEREAS, the Mothers Against Bullies, Inc. is a not-for-profit organization; and

WHEREAS, the "1st Annual Modello Community Reunion" event is a special 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 9 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 November 7, 2015 "1st Annual Modello Community Reunion" sponsored by the Mothers

Against Bullies, Inc., in an amount not to exceed $650.00 to be funded from the balance of the District 9 FY 2015-16 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner **Rebeca Sosa**, who moved its adoption. The motion was seconded by Commissioner **Xavier L. Suarez** 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	**absent**	Daniella Levine Cava	**aye**
Jose "Pepe" Diaz	**aye**	Audrey M. Edmonson	**aye**
Sally A. Heyman	**aye**	Barbara J. Jordan	**aye**
Dennis C. Moss	**absent**	Rebeca Sosa	**aye**
Sen. Javier D. Souto	**absent**	Xavier L. Suarez	**aye**
Juan C. Zapata	**absent**		

The Chairperson thereupon declared the resolution duly passed and adopted this 5th day of April, 2016. 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

1504

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: Com. Dennis Moss

1. Full legal name of the requesting organization: Mothers Against Bullies

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.): Arthur Robertson (786) 374 4029

4. Specify fee waiver or in-kind service requested (quantity, if applicable): Show Mobile Stage

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): MODELO COMMUNITY REUNION 1ST ANNUAL

6. Please select ALL that apply to event:

- [x] Economic Development: Event supports vitality or growth of the local economy
- [x] 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
- [x] Arts and Culture: Event supports music, theatre, literature, art or culture
- [ ] Environmental: Event benefits environmental concerns or promotes conservation
- [x] Sports and Athletics: Event supports/promotes organized sports or recreational participation

7. Physical address of event venues (please specify Commission District(s)): MODELO PARK 28450 S.W. 152nd ST HOMESTEAD FL 33032

8. Description of regional or local impact: BRINGING COMMUNITY TOGETHERNESS THROUGH FOOD, FUN, MUSIC AND GAMES.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): 10AM - 12NN SET UP, 12 - 1PM LUNCH, 1:30PM - 2:00 PAUL CAHL, 2:00PM - 3:30 GUEST SPEAKERS & TALENT SHOWCASE, 3:30 - 5PM FOOTBALL & KICKBALL GAMES. 5PM CANDLE-LIGHT SERVICE.

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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): 200 - 300 pm

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.

Renee Miller
Signature of Authorized Representative

11/6/15
Date

MIAMI-DADE PARKS

SHOWMOBILES, STAGES, BLEACHERS, AND SOUND PRODUCTION

(305) 226-8315 Ext. 221/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Mothers Against Bullies, Inc.,

EQUIPMENT REQUESTED: Stage 16' X 16'

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis C. Moss, Commission District #9

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE: 1634 NW 6th Avenue Florida City FL 33034

NAME/TITLE OF THE EVENT: Modello Reunion

ADDRESS OF EVENT: Modello Park 28450 SW 152nd Ave Homestead

TODAY'S DATE: 11/06/15 **DATE (S) & TIME OF EVENT:** 11/07/15

SET-UP TIME & DAY: 8AM 11/07/15

TAKE-DOWN & DAY: 5PM 11/07/15

CONTACT PERSON/PHONE: Aretha Robertson 786-374-4629

AT SITE CONTACT/CELL PHONE#:

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

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:** $650.00 in-kind District #9

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: Commissioner Dennis C. Moss

Agency/Group: Commission District #9

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

Detail by Entity Name

Florida Not For Profit Corporation

MOTHERS AGAINST BULLIES, INC.

Filing Information

Document Number	N06000012835
FEI/EIN Number	51-0622425
Date Filed	12/15/2006
State	FL
Status	ACTIVE

Principal Address

23548 SW 112 CT.
MIAMI, FL 33032

Changed: 04/19/2009

Mailing Address

23548 SW 112 CT.
MIAMI, FL 33032

Changed: 04/19/2009

Registered Agent Name & Address

MILLER, RENEE
23548 SW 112 CT.
MIAMI, FL 33032

Address Changed: 04/19/2009

Officer/Director Detail

Name & Address

Title Clerk

DUMAS, DREW
10498 SW 177 ST
MIAMI, FL 33157

Title Treasurer

CRUSE, TATIANA
10498 SW 177 ST
MIAMI, FL 33157

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Title Secretary

DUMAS, NEKREIEA
20516 SW 92ND CT.
CUTLER BAY, FL 33189

Title D

Brooks, Robert
23548 sw 112ct
MIAMI, FL 33032

Title Asst. Treasurer

DONOVAN, DOREEN
30055 SW 158 CT
HOMESTEAD, FL 33033

Title CEO

MILLER, RENEE
23548 SW 112 CT.
MIAMI, FL 33032

Annual Reports

Report Year	Filed Date
2013	04/29/2013
2014	04/30/2014
2015	04/30/2015

Document Images

04/30/2015 -- ANNUAL REPORT	View image in PDF format
04/30/2014 -- ANNUAL REPORT	View image in PDF format
04/29/2013 -- ANNUAL REPORT	View image in PDF format
05/01/2012 -- ANNUAL REPORT	View image in PDF format
03/07/2011 -- ANNUAL REPORT	View image in PDF format
04/01/2010 -- ANNUAL REPORT	View image in PDF format
04/19/2009 -- ANNUAL REPORT	View image in PDF format
04/30/2008 -- ANNUAL REPORT	View image in PDF format
04/16/2007 -- ANNUAL REPORT	View image in PDF format
12/15/2006 -- Domestic Non-Profit	View image in PDF format

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State of Florida, Department of State

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Modello Community Reunion Budget

Park Usage	$260.00
Security	$1,272.00
Food	$1,200.00
Music Entertainment	$200.00
Promotional Material	$200.00
Awards	$50.00
Cake	$100.00
Snowmobile Stage (Covered by Commissioner Moss)	$600.00

Total Cost: $4,507.00

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Mothers Against Bullies, INC.

Business name/disregarded entity name, if different from above
mothers against bullies

Check appropriate box for federal tax classification (required): ☑ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
11286 SW 211 ST SUITE 204

Requester's name and address (optional)
RENEE MILLER

City, state, and ZIP code
MIAMI FL

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Employer identification number
51 - 0624245

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶ Renee Miller Date ▶ 11/10/15

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Memorandum

MIAMI-DADE COUNTY

Date: April 5, 2016

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 the Mothers Against Bullies, Inc. for its "1st Annual Modello Community Reunion" event held on November 7, 2015.

In-kind services have been requested in an amount not to exceed $650.00 from the Parks, Recreation and Open Spaces Department for the use of a 16' x 16' stage. This event will be funded from the balance of District 9 FY 2015-16 In-Kind Reserve Funds.

Edward Marquez
Deputy Mayor

Inkind01564