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

MEMORANDUM

Agenda Item No. 3(A)(5)

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 October 31, 2015 "Hallelujah Night" event

Resolution No. R-245-16

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)(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

_____ 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)(5)
4-5-16

RESOLUTION NO. R-245-16

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE OCTOBER 31, 2015 "HALLELUJAH NIGHT" EVENT SPONSORED BY THE SOUTH EAST DADE MINISTERIAL ALLIANCE, 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, the South East Dade Ministerial Alliance, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the October 31, 2015 "Hallelujah Night" event in an amount not to exceed $650.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Hallelujah Night" event is to give children in Homestead and Florida City the opportunity to enjoy Halloween in a safe and positive atmosphere; and

WHEREAS, the South East Dade Ministerial Alliance, Inc. is a not-for-profit organization; and

WHEREAS, the "Hallelujah Night" event is a district 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 authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the October 31, 2015 "Hallelujah Night" event sponsored by the South East Dade Ministerial Alliance, 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

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 Dennis Moss

1. Full legal name of the requesting organization: Second Baptist Church

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.):
   Ruby-e L Mosley - 786-355-1967
   11404 SW 151 Ter
   Miami, Fl. 33176

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):
Oct. 31, 2015 - 6p.m. - 10p.m.
HAllelujAh Nite

Our desired goal is to equip our Children and the children of the Community.

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)):
Sgt. Joseph Delaney Park
14450 Boggs Rd.
Miami, Fl. 33176

8. Description of regional or local impact: District 9

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
10A.M. — 10p.M.

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

11. Expected number of participants and estimated attendance (per day, if applicable): 3,500

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

10-23-2015
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: Second Baptist Church of Richmond Heights, Inc.

EQUIPMENT REQUESTED: Stage 24' X 40'

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: Hallelujah Night Second Baptist Church

ADDRESS OF EVENT: 14450 Boggs Drive

TODAY'S DATE: 11/05/15

DATE (S) & TIME OF EVENT: 10/31/15 6PM – 9:30PM

SET-UP TIME & DAY: 10AM 10/31/15

TAKE-DOWN & DAY: 10PM 10/31/15

CONTACT PERSON/PHONE: Vivian Smith 305-491-1741

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: $790.00 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

Second Baptist Church
Rev. Dr. Alphonso Jackson, Sr.

moving forward

11111 Pinkston Dr. Miami, FL 33176 305.232.0499 sbcmiami.org

August 11, 2015

To: Dennis Moss

From: Vivian Smith
c/o Second Baptist Church
Richmond Heights, Florida 33176

Re: Mobile Stage

Many churches in the local community have come together to host the annual Hallelujah Night Affair. This event is scheduled for Saturday, October 31, 2015 from ( ). on Richmond Heights Park. . Your participation as well as your help with this endeavor would be greatly appreciated.

As we begin to make plans for this event, we are requesting the use of a large full show mobile stage that comes with the back drop. We will be providing many activities that will require the use of this

We are excited about this activity and know that it will continue being an Annual Event for the residence of Richmond Heights. Anything that you do big or small would be more than appreciated by all. We strongly feel that our cause is a worthy one and we greatly appreciate your consideration regarding this matter.

With your help, we can make a difference in the lives our children, our schools, and our community. We look forward to partnering with you in this effort. Thanking you in advance for your consideration and generosity.

If you have any questions or concerns, please feel free to contact Vivian smith at (smith_vivian @bellsouth.net or (305)491-1741.

Sincerely,

Vivian Smith

Budget	Spent Monies	Donations		Noted Vendors
Hallelujan Night 10,000 Budget - 683.00 = 9317.00 New Budget	Cost Break Down	**Paradise Funeral Home**	$200.00	Fun City
Rides)	$4,828.50	CDC	$200.00	Park
Food	$3,962.55	Margret Reid	$20.00	Greg Ivey
Lights	$1,087.87	Vimes Ministry	$15.00	Antione Brown.
Candy	$900.00	Trustee's	$25.00	ALDI
Park Payments	$330.00	Cyndia Clarke	$20.00	Tika Hill
Fredia (Seniors Food)	$125.00	Senoir Usrhers	$27.00	Sunbelt Rentals
Pastor Jackson Love offering	$150.00	Ruby Mosley	$20.00	Bolters Meats
Antrone Brown	$1,625.00	Mall Campus (1st) Sun	$73.00	
ALDI Store	$233.00	Mall Campus (2st) Sun	$139.75	
Tika Hill	$50.00	Mall Campus (3rd) Sun	$36.00	
Total	**$13,291.92**	Community	$400.00	
		Mother's Board	$15.00	
Diane Pruitt Project	**Cost Break Down**	Favor	$25.00	
MISC	$500.00	St Peters	$1,000.00	
Spent (PAID)	$63.45	Male Chorus	$25.00	
Added to Food	($436.55)	Intercessors	$25.00	**T Shirts $233.50**
		Kenneth Dove	$200.00	
		Miami Richmond Heights	$50.00	
Police Officers NO charge		Excel	$20.00	
		Youth Ushers	$20.00	
		Omegs	$500.00	
		4th Sunday Special collection Main Campus	$359.00	
		Mall Campus	$500.00	
		Superior Married Cell	$25.00	
		Total	**$3,939.75**	

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Detail by Entity Name

Florida Not For Profit Corporation

SOUTH EAST DADE MINISTERIAL ALLIANCE, INC.

Filing Information

Document Number	N93000002316
FEI/EIN Number	65-0406560
Date Filed	05/19/1993
State	FL
Status	ACTIVE
Last Event	REINSTATEMENT
Event Date Filed	12/12/2012

Principal Address

1055 N.W. 6TH AVENUE
FLORIDA CITY, FL 33034

Changed: 01/07/2009

Mailing Address

P O BOX 924130
PRINCETON, FL 33092

Changed: 12/12/2012

Registered Agent Name & Address

THOMAS, CURTIS REV
1055 N.W. 6TH AVENUE
FLORIDA CITY, FL 33034

Name Changed: 04/10/2013

Address Changed: 01/07/2009

Officer/Director Detail

Name & Address

Title PD

THOMAS, CURTIS REV.
1055 NW 6 AVENUE
FLORIDA CITY, FL 33034

//

Title VD

HARRIS, IRENE BISHOP
1238 NW 9th AVENUE
FLORIDA CITY, FL 33034

Title TD

SCOTT, WILLIE BISHOP
14320 SW 104 COURT
MIAMI, FL 33176

Title D

BROWN, CHAUNCEY BISHOP
901 SW 6th STREET
HOMESTEAD, FL 33030

Title SD

POPE, SABRINA REV
606 SW 5th AVENUE
HOMESTEAD, FL 33030

Annual Reports

Report Year	Filed Date
2013	04/10/2013
2014	05/07/2014
2015	04/21/2015

Document Images

04/21/2015 -- ANNUAL REPORT	View image in PDF format
05/07/2014 -- ANNUAL REPORT	View image in PDF format
04/10/2013 -- ANNUAL REPORT	View image in PDF format
12/12/2012 -- REINSTATEMENT	View image in PDF format
01/07/2009 -- ANNUAL REPORT	View image in PDF format
01/31/2008 -- ANNUAL REPORT	View image in PDF format
02/02/2007 -- ANNUAL REPORT	View image in PDF format
02/03/2006 -- ANNUAL REPORT	View image in PDF format
02/09/2005 -- ANNUAL REPORT	View image in PDF format
01/30/2004 -- ANNUAL REPORT	View image in PDF format
06/19/2003 -- Amendment	View image in PDF format
01/27/2003 -- ANNUAL REPORT	View image in PDF format
02/05/2002 -- ANNUAL REPORT	View image in PDF format
02/28/2001 -- ANNUAL REPORT	View image in PDF format
08/11/2000 -- ANNUAL REPORT	View image in PDF format

12

Form **W-9**
(Rev. December 2014)
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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Second Baptist Church

2 Business name/disregarded entity name, if different from above.

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☑ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
11111 Pinkston Drive

Requester's name and address (optional)

6 City, state, and ZIP code
Miami, Florida 33176

7 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 line 1 to avoid backup withholding. For individuals, this is generally 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 instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
☐☐☐ – ☐☐ – ☐☐☐☐

or

Employer identification number
5 9 – 1 6 1 8 5 2 4

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here Signature of U.S. person ▶ [signature] Date ▶ 11/3/15

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

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, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

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 South East Dade Ministerial Alliance, Inc. for its "Hallelujah Night" event held on October 31, 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

Inkind01563