MEMORANDUM

Agenda Item No. 3(A)(1)

TO:

Honorable Chairman Jean Monestime

and Members, Board of County Commissioners

DATE:

January 20, 2016

FROM:

Abigail Price-Williams

County Attorney

SUBJECT:

Resolution authorizing in-kind

services for the March 12, 2016

"Relay for Life – Miami

Springs/Virginia Gardens" event

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Rebeca Sosa.

County Attorney

APW/smm

TO:	Honorable Chairman Jean Monestime and Members, Board of County Commissioners	DATE:	January 20, 20	16
FROM:	Abigaily rice-Williams County Attorney	SUBJECT:	Agenda Item No.	3(A)(1)
PI	ease note any items checked.			
	"3-Day Rule" for committees applicable if r	aised		
	6 weeks required between first reading and	public hearing	5	
	4 weeks notification to municipal officials re hearing	equired prior t	public	
-	Decreases revenues or increases expenditure	es without bala	ncing budget	
	Budget required			
	Statement of fiscal impact required			
-	Statement of social equity required			
	Ordinance creating a new board requires de report for public hearing	tailed County	Mayor's	
	No committee review			
	Applicable legislation requires more than a management of the second sec	najority vote (i	i.e., 2/3's,	
	Current information regarding funding sour balance, and available capacity (if debt is con	ce, index code itemplated) red	and available Juired	

Approved	Mayor	Agenda Item No. 3(A)(1)
Veto		1-20-16
Override		

RESOLUTION NO.

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE MARCH 12, 2016 "RELAY FOR LIFE – MIAMI SPRINGS/VIRGINIA GARDENS" EVENT SPONSORED BY THE AMERICAN CANCER SOCIETY, INC. IN AN AMOUNT NOT TO EXCEED \$1,400.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 6 FY 2015-16 IN-KIND RESERVE FUND

WHEREAS, the American Cancer Society, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department for the March 12, 2016 "Relay for Life – Miami Springs/Virginia Gardens" event in an amount not to exceed \$1,400.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the purpose of the "Relay for Life – Miami Springs/Virginia Gardens" is to remember and honor those who have fought or are fighting cancer, and raise much needed funds and awareness in order to continue saving the lives of those battling cancer; and

WHEREAS, proceeds from this event will be directed towards cancer prevention research programs, and other services offered to members of the community; and

WHEREAS, the American Cancer Society, Inc. is a not-for-profit organization; and

WHEREAS, the "Relay for Life – Miami Springs/Virginia Gardens" event is a special event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$1,400.00 of the in-kind services shall be funded from the balance of the District 6 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 March 12, 2016

Agenda Item No. 3(A)(1) Page No. 2

"Relay for Life – Miami Springs/Virginia Gardens" event sponsored by the American Cancer Society, Inc. in an amount not to exceed \$1,400.00 to be funded from the balance of the District 6 FY 2015-16 In-Kind Reserve Fund.

The Prime Sponsor of the foregoing resolution is Commissioner Rebeca Sosa. It was offered by Commissioner , who moved its adoption. The motion was seconded by Commissioner and upon being put to a vote, the

vote was as follows:

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

Bruno A. Barreiro Jose "Pepe" Diaz Sally A. Heyman Dennis C. Moss Sen. Javier D. Souto Juan C. Zapata

Daniella Levine Cava Audrey M. Edmonson Barbara J. Jordan Rebeca Sosa Xavier L. Suarez

The Chairperson thereupon declared the resolution duly passed and adopted this 20th day of January, 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:	
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 (305) 375-5143 Phone: 111 N.W. 1st Street, Suite 2200 (305) 375-5168 Fax: Miami, FL 33128 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 Rebeca 505a Full legal name of the requesting organization: American Cancer Society 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.): * Elaine Martin, Event Lead 120 Sunset Way, Miami Springs (H)305.883.7738 (C) 305.984.2405 Specify fee waiver or in-kind service requested (quantify, if applicable): USE 0

* Stage co-ordinator Lynne Brooks (c) 305.542.3984 Lillynie@bellsouth.net

5.	Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):									
	* RELAY for LIFE of MIAMI SPRINGS and									
	VIRGINIA GARDENS									
	* SATURDAY, MARCH 12,2016									
	* DAY-LONG FUNDRAISING EVENT WHERE TEAMS									
	also walk the track									
•	*To celebrate survivors, remember those lost, and fight back against CANCER									
B.	Please select ALL that apply to event:									
-,										
	□ <u>Economic Development:</u> Event supports vitality or growth of the local economy □ Youth/Education: Event benefits youth of any age and/or offers educational benefits									
	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)): In District 63 Curtiss Parkway Circle (traffic roundabout) inmiamisprings; use 54 Curtiss Parkway For GPS location									
3.	Description of regional or local impact: Funds raised by this event go									
	to the (national) American Concer Society									
	who in turn invests in our community, an									
	who in turn invests in our community, an example of which is \$4MM to UM Medical									
).	Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): Event will									
	run 9A-8P on 3/12/16; setup for certain vendors									
	can be arranged for 3/11/16 if necessary. Team tent									
	run 9A-8P on 3/12/16; setup for certain vendors can be arranged for 3/11/16 if necessary. Team tent Setup begins 7A on 3/12. Breakdown to start									
age: Levis	2 of 3 $8:30-99 on 3/12.$									

10.	Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if
	applicable): The City of Miami Springs and the MSPD
	allow partial closure to vehicular traffic
	around the Circle for the Safety of Relay
	walkers and visitors. See endosed diagram.

- 11. Expected number of participants and estimated attendance (per day, if applicable): 100 participants and 500+ attendees over course of
- 12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): ACS limits our spending to no more than 10% of monies raised over the course of the 12-month season. Budget attached.

11 - 3 - 2015 Date

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

Claire Martin

Signature of Authorized Representative

ELAINE MARTIN

Event Lead

MSVGRELAY@gmail.com (H) 305.883.7738

(c) 305.984.2405

Page 3 of 3 Revised: 9/4/08

Relay for Life of Miami Springs and Virginia Gardens Saturday, March 12, 2016

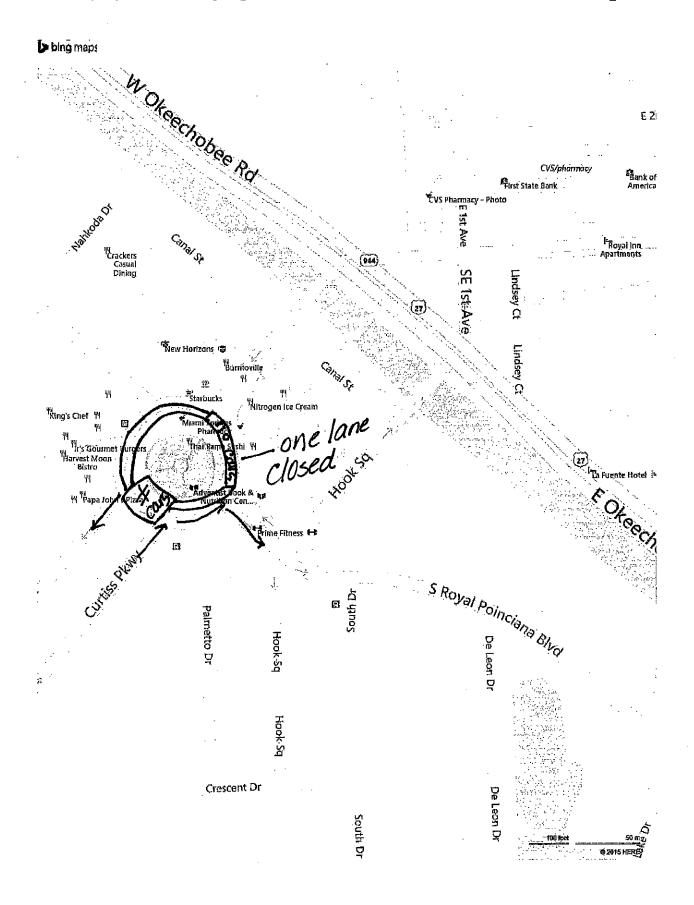
Projected goal for donations	Ì			
including (cash) sponsors			\$50,000.00	
Expenses - General				
				Kept to a minimum; River Cities
				Gazette newspaper provides comp
Advertising	\$	100,00		articles etc
Printing (flyers, etc.)	\$	100.00	;	
				Facility donated by Lions Club;
-				some food donated by Lions as
Kick-off Event	\$	150.00	-	well
Banner	\$	225.00		use non-ACS vendor this year
Expenses - Event day				
				Provided in-kind by City of Miami
Police presence (crowd)		n/c		Springs
				Provided in-kind by City of Miami
Public works cleanup		n/c		Springs
				Provided in-kind by City of Miami
Barricades to redirect traffic		n/c		Springs
Show stage for live				Requested as in-kind from Miami-
entertainment	ρε	ending		Dade County
				Purple glow sticks used for fire
Luminaria supplies	\$	350.00		safety (purchased through ACS)
Survivor medals	\$	150.00	·	purchased through ACS
			-	HOPE \$100 Club, Event Leaders,
				Team Captains, Survivors; all
Event T-shirts	\$	550.00		purchased through ACS
Portable toilets incl handicap	\$	100.00		Use ACS preferred vendor
Tables/tents/chairs rental	\$	350.00		Use ACS preferred vendor
Sound/DJ	\$	950.00		All live bands donate their services
Expenses - Post event				
Participant fundraising				ACS program for individual
awards	\$	500.00		fundraisers
Key sponsor recognition	\$	175.00		Handled via ACS
			· · · · · · · · · · · · · · · · · · ·	Will be asking Curtiss Mansion for
Wrap-up party	\$	250.00		use of their facility again

	\$3	,950.00	\$50,000.00	
Anticipated overall NET fundra	L isins		· · · · · · · · · · · · · · · · · · ·	
for American Cancer Society		<u>.</u>	\$46,050.00	
			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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			L	<u> </u>



bing maps







OGDEN UT 84201-0046

In reply refer to: 0423291515 Apr. 15, 2013 LTR 1224C 8 13-1788491 000000 00

00013477 BODC: TE

AMERICAN CANCER SOCIETY INC NATIONAL ROME OFFICE % FINANCE 250 WILLIAMS ST 4TH FLR ATLANTA GA 30303-1032

003456

Taxpayer Identification Number: 13-1788491

Dear Taxpayer:

Thank you for your correspondence dated Mar. 08, 2013.

Bur records indicate that your organization is exempt under Section 501(c) 3 of the Internal Revenue Code.

If you need forms, schedules or publications to respond to this letter, you can obtain them by visiting the IRS website at www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you have any further questions about your organization's filing requirements, accounting period, or exempt status, please contact our Customer Service Site at 1-877-829-5500.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Keep a copy of this letter for your records.

Tel	ephone.	Non	ber	C)				Hours_	 		
	apologi for yo			-	inconvanience tion.	we	may	have	caused	you,	and	thank

0423291515 Apr. 15, 2013 LTR 1224C 0 13-1788491 000000 00 00013478

AMERICAN CANCER SOCIETY INC NATIONAL HOME OFFICE % FINANCE 250 WILLIAMS ST 4TH FLR ATLANTA GA 30303-1032

Sincerely yours,

- Neil Bromann

Sheila Bronson Nept. Manager, Code & Edit/Entity 3

Enclosure(s): Copy of this letter



Date:

January 20, 2016

To:

Honorable Chairman Jean Monestime

and Members, Board of County Commissioners

From:

Carlos A. Gimenez

Mayor

Subject:

District Specific In-Kind Request

A waiver for in-kind services has been requested by the American Cancer Society, Inc. for its "Relay for Life – Miami Springs/Virginia Gardens" event held on March 12, 2016.

In-kind services have been requested in an amount not to exceed \$1,400.00 from the Parks, Recreation and Open Spaces Department for the use of a medium showmobile stage. This event will be funded from the balance of District 6 FY 2015-16 In-Kind Reserve Funds.

Edward Marquez Deputy Mayor

Inkind01561