

MEMORANDUM

Agenda Item No. 3(A)(3)

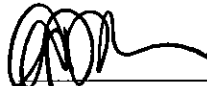
TO: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

DATE: February 19, 2020

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
from the Parks, Recreation
and Open Spaces Department
for the December 13, 2019
“Terra’s 10 Year Anniversary
Celebration” sponsored by Terra
Environmental Research Institute
PTSA in the amount of \$650.00
to be funded from the balance
of the District 8 FY 2019-20
In-Kind Reserve

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Daniella Levine Cava.



Abigail Price-Williams
County Attorney



APW/smm



MEMORANDUM
(Revised)

TO: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

DATE: February 19, 2020

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 present ____, 2/3 membership ____, 3/5's ____, unanimous ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3)(h) or (4)(c) ____, or CDMP 9 vote requirement per 2-116.1(4)(c)(2) ____) 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)
2-19-20

RESOLUTION NO. _____

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE DECEMBER 13, 2019 “TERRA’S 10 YEAR ANNIVERSARY CELEBRATION” SPONSORED BY TERRA ENVIRONMENTAL RESEARCH INSTITUTE PTSA IN THE AMOUNT OF \$650.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 8 FY 2019-20 IN-KIND RESERVE

WHEREAS, the Terra Environmental Research Institute PTSA has requested in-kind services from the Parks, Recreation and Open Spaces Department for the December 13, 2019 “Terra’s 10 Year Anniversary Celebration” in the amount of \$650.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the Terra Environmental Research Institute PTSA is a not-for-profit organization; and

WHEREAS, “Terra’s 10 Year Anniversary Celebration” provides a family-friendly event for all of Terra’s alumni and current family members; and

WHEREAS, the “Terra’s 10 Year Anniversary Celebration” 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 8 FY 2019-20 In-Kind Reserve,

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 December 13, 2019 “Terra’s 10 Year Anniversary Celebration” sponsored by the Terra Environmental Research Institute PTSA, in an amount of \$650.00 to be funded from the balance of District 8 FY 2019-20 In-Kind Reserve.

The Prime Sponsor of the foregoing resolution is Commissioner Daniella Levine Cava. 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:

Audrey M. Edmonson, Chairwoman	
Rebeca Sosa, Vice Chairwoman	
Esteban L. Bovo, Jr.	Daniella Levine Cava
Jose "Pepe" Diaz	Sally A. Heyman
Eileen Higgins	Barbara J. Jordan
Joe A. Martinez	Jean Monestime
Dennis C. Moss	Sen. Javier D. Souto
Xavier L. Suarez	

The Chairperson thereupon declared this resolution duly passed and adopted this 19th day of February, 2020. 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.

RC

Ryan Carlin

**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 Daniella Levine Cava

1. Full legal name of the requesting organization: TERRA ENVIRONMENTAL RESEARCH INSTITUTE PTSA

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.): _____

Fatima Chaiken 305-970-7809 fatimachaiken@gmail.com or terra.ptsa@gmail.com

11005 SW 84 Street Miami Florida, 33173

4. Specify fee waiver or in-kind service requested (quantify, if applicable): _____

Stage is being requested on behalf of TERRA PTSA, to help showcase our students performances.

The size of the stage is 16 x 16 or anything small that you may have available.

MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 2

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): _____
The event to be held is TERRA's 10 year anniversary celebration. this event is open to all
TERRA's alumni and current TERRA families. the 10 year anniversary is to take place on 12/13/19 at 6 pm.

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)): 11005 SW 84 Street Miami Florida, 33173 district 7

8. Description of regional or local impact: _____
During TERRA's 10 year celebration we will showcase music performances, art,
environmental projects, and many of the academic accomplishments by our current and past students.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable): _____
The event is schedule for Friday December 13, 2019 from 6 - 10pm. set up time can be as early as Thursday December 12, 2019 at 12:00 pm
or on Friday December 13 at 10 am .

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): TERRA Environmental Research Institute PTSA is located in Kendall, Main roads are Kendall Drive and 84 st next to Indian Hammocks Park.

11. Expected number of participants and estimated attendance (per day, if applicable): _____
Expected number of participants are 1000 parents, teachers and students.

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

11/20/2019

Date



**SHOWMOBILES, STAGES, BLEACHERS,
AND SOUND PRODUCTION**
(305) 226-8315 Ext. 5/(305) 553-8511 (Fax)

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Terra High School PTA

EQUIPMENT REQUESTED: Stage 16' x 16'

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Daniella Levine Cava
Commission District #8

OR INDEX CODE (MIAMI-DADE AGENCIES ONLY): ccvent020895

BILLING ADDRESS/ZIP CODE: 10710 SW 211th Street Suite 103 Miami, FL 33189

NAME/TITLE OF THE EVENT: 10th Year Anniversary

ADDRESS OF EVENT: 11005 SW 84 St

TODAY'S DATE: 11/25/19 DATE (S) & TIME OF EVENT: 12/13/19 3PM - 10PM

SET-UP TIME & DAY: 12PM 12/12/19

TAKE-DOWN & DAY: 11PM 12/13/19

CONTACT PERSON/PHONE: Fatima Chakin 305-970-7809

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 also understand that the total fee is to be remitted (15) fifteen working days before the event.

*Fee: \$650.00 Invoice

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: Daniella Levine Cava

Commissioner Daniella Cava

Agency/Group: Terra High School PTA

**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

Request for Taxpayer Identification Number and Certification

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

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your Income tax return). Name is required on this line; do not leave this line blank.
TERRA ENVIRONMENTAL RESEARCH INSTITUTE PTSA

2 Business name/disregarded entity name, if different from above
TERRA ENVIRONMENTAL RESEARCH INSTITUTE

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

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

Other (see instructions) ▶ **NONPROFIT ORGANIZATION UNDER 501(C)3**

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.) See instructions.
11005 SW 84 STREET

6 City, state, and ZIP code
MIAMI FLORIDA, 33173

7 List account number(s) here (optional)

Requester's name and address (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-				
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OR

Employer identification number


9	4	-	3	4	8	8	2	5	5
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Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 for Part II, later.

Sign Here Signature of U.S. person ▶  FC Date ▶ _____

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

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-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, later.

Memorandum



Date: February 19, 2020

To: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

A handwritten signature in black ink, appearing to read "Carlos A. Gimenez". The signature is written in a cursive, flowing style.

Subject: District Specific In-Kind Request

A retroactive waiver for in-kind services has been requested by Terra Environmental Research Institute PTSA for its "Terra's 10 Year Anniversary Celebration" event which was held on December 13, 2019.

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 8 FY 2019-20 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Jennifer Moon". The signature is written in a cursive, flowing style.

Jennifer Moon
Deputy Mayor

Inkind01941