MEMORANDUM

Agenda Item No. 3(A)(8)

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 "2020 Miami Springs Community Health, Wellness & Environmental Fair" held on January 11, 2020 sponsored by the City of Miami Springs in an amount of \$1,750.00 to be funded from the balance of the District 6 FY 2019-20 In-Kind

Reserve

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

Abigail Price-Williams (County Attorney

APW/smm



MEMORANDUM

(Revised)

_	norable Chairwoman Audrey M. Edmonson Members, Board of County Commissioners	DATE:	February 19, 2	2020
FROM: Ali	gail Price-Williams inty Attorney	SUBJECT:	Agenda Item No	3(A)(8)
Please	note any items checked.			
 	"3-Day Rule" for committees applicable if	f raised		
	6 weeks required between first reading an	d public hearin	g	
	4 weeks notification to municipal officials hearing	required prior	to public	
	Decreases revenues or increases expenditu	ires without bal	ancing budget	
	Budget required			
	Statement of fiscal impact required			
	Statement of social equity required			
	Ordinance creating a new board requires report for public hearing	detailed County	Mayor's	
	No committee review			
	Applicable legislation requires more than present, 2/3 membership, 3/5's 7 vote requirement per 2-116.1(3)(h) or (4 requirement per 2-116.1(3)(h) or (4)(c) to 10.1(4)(c)(2)) to 10.1(4)(c)(2) to 10.1(4)(c)(2)(2) to 10.1(4)(c)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)(2)	, unanimou)(c), CDM , or CDMP 9	rs, CDMP P 2/3 vote	
· V	Current information regarding funding so balance, and available capacity (if debt is	•		

Approved	<u>Mayor</u>	Agenda Item No. 3(A)(8)
Veto		2-19-20
Override		
	RESOLUTION NO	

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE "2020 MIAMI SPRINGS COMMUNITY HEALTH, WELLNESS & ENVIRONMENTAL FAIR" HELD ON JANUARY 11, 2020 SPONSORED BY THE CITY OF MIAMI SPRINGS IN AN AMOUNT OF \$1,750.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 6 FY 2019-20 IN-KIND RESERVE

WHEREAS, the City of Miami Springs has requested in-kind services from the Parks, Recreation and Open Spaces Department for the "2020 Miami Springs Community Health, Wellness & Environmental Fair" held on January 11, 2020 in an amount of \$1,750.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the City of Miami Springs is a municipality located in Miami-Dade County; and

WHEREAS, the "2020 Miami Springs Community Health, Wellness & Environmental Fair" is a free event promoting health and wellness in a family-friendly environment; and

WHEREAS, the "2020 Miami Springs Community Health, Wellness & Environmental Fair" is a small event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$1,750.00 of the in-kind services shall be funded from the balance of the District 6 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 "2020"

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Miami Springs Community Health, Wellness & Environmental Fair" held on January 11, 2020 sponsored by the City of Miami Springs in an amount of \$1,750.00 to be funded from the balance of the District 6 FY 2019-20 In-Kind Reserve.

The Prime Sponsor of the foregoing resolution is Vice Chairwoman 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:

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 <u>ARE NOT</u> 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 Phone: (305) 375-5143 111 N.W. 14 Street, Suite 2200 (305) 375-5168 Fax: Miaml, 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.** Wellnes & Envirtair Full legal name of the requesting organization: Applicant Status: (Select one of the choices below) Not-For-Profit or Tax Exempt For-Profit Local Government or Public Entity ጆ Other (specify): _ Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.): 5011 Specify fee walver or in-kind service requested (quantify, if applicable):

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

5.	Name, date of eventy description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
	2000 Miani Sorings Community Health Wellness, & Environmental Fair
	Saturday San. 11th 2000 10-20.00.
	17 X 12 stage requested with not and back
	200 Westward Drive Miami Springs F1. 33166 "Healthy People Healthy Planet"
	5th Annual Free Community Health & Wellness Fair
ŝ.	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
	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)):
	Miami Springs Women Chub
	200 Westward Drive
	Miami Springs, Fl. 33166
3.	Description of regional or local impact:
9,	Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
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MIAMI-DADE COUNTY FEE WAIVER/IN-KIND SERVICES APPLICATION Page 3

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):				
l hei	eby certify that all the statements made in this application are true and correct.				
Sign	ature of Authorized Representative				



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

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EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: City of Miami Springs					
EQUIPMENT REQUESTED: Showmobile Large					
NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Rebecca Sosa					
OR INDEX CODE (MIAMI-DADE AGENCIES ONLY):					
BILLING ADDRESS/ZIP CODE: 28401 SW 167 Ave Homestead, FL					
NAME/TITLE OF THE EVENT: 5th Annual Free Community Health & Wellness Fair					
ADDRESS OF EVENT: 200 Westward Dr Mlami, FL 33166					
TODAY'S DATE: 01/07/20 DATE (S) & TIME OF EVENT: 01/11/20 10am - 2pm					
SET-UP TIME & DAY: 01/11/20 8am					
TAKE-DOWN & DAY: 01/11/20 3pm					
CONTACT PERSON/PHONE: William Alonso 305-805-5011 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: \$1,750.00 in-Kind District #6 *(SEE FEE SCHEDULE FOR EXACT CHARGES) Vice Chairwoman Rebeca Sosa Agency/Group: Commission District #6					

CANCELLATIONS MUST BE MADE 72 HOURS IN ADVANCE OF THE EVENT BY FAX OR EMAIL OTHERWISE EXPECT TO BE CHARGED

1/2 (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



Date:

February 19, 2020

To:

Honorable Chairwoman Audrey M. Edmonson 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 City of Miami Springs for its "2020 Miami Springs Community Health, Wellness & Environmental Fair" held on January 11, 2020.

In-kind services have been requested in an amount not to exceed \$1,750.00 from the Parks, Recreation and Open Spaces Department for the use of a large show mobile. This event will be funded from the balance of District 6 FY 2019-20 In-Kind Reserve Fund.

Jennifer Moon Deputy Mayor

Inkind01946