Approved _____ Mayor

Veto _____

Override _____

Agenda Item No. 11(A)(31)

01-25-07

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

RESOLUTION NO. R-88-07

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE MIAMI-DADE PARK AND RECREATION DEPARTMENT FOR THE MAY 19-20, 2006 RELAY FOR LIFE SPONSORED BY THE AMERICAN CANCER SOCIETY, A NOT-FOR-PROFIT ORGANIZATION, IN AN AMOUNT NOT TO EXCEED $716.00 TO BE FUNDED FROM THE DISTRICT 1 IN-KIND RESERVE FUND

WHEREAS, the American Cancer Society has requested in-kind services from the Miami-Dade Park and Recreation Department for the May 19-20, 2006 Relay for Life in an amount not to exceed $716.00 (see attached Fee Waiver/In-Kind Service Application); and

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

WHEREAS, the Relay for Life is a district event, as that term is defined in the attached Fee Waiver/In-Kind Service Application, and the in-kind services shall be funded from the District 1 In-kind Reserve Fund,

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 Miami-Dade Park and Recreation Department for the May 19-20, 2006 Relay for Life in an amount not to exceed $716.00 to be funded from the District 1 In-kind Reserve Fund.

The foregoing resolution sponsored by Vice-Chairwoman Barbara J. Jordan and offered by Commissioner Sally A. Heyman, who moved its adoption. The motion was seconded by Commissioner Dennis C. Moss and upon being put to a vote, the vote was as follows:

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Bruno A. Barreiro, Chairman	aye		
Barbara J. Jordan, Vice-Chairwoman	aye		
Jose "Pepe" Diaz	aye	Audrey M. Edmonson	aye
Carlos A. Gimenez	aye	Sally A. Heyman	aye
Joe A. Martinez	aye	Dennis C. Moss	aye
Dorrin D. Rolle	aye	Natacha Seijas	absent
Katy Sorenson	aye	Rebeca Sosa	aye
Sen. Javier D. Souto	absent		

The Chairperson thereupon declared the resolution duly passed and adopted this 25th day of January , 2007. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: KAY SULLIVAN
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency. MR

Monica Rizo

MEMORANDUM

Agenda Item No. 11(A)(31)

TO: Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners

DATE: January 25, 2007

FROM: Murray A. Greenberg County Attorney

SUBJECT: Resolution retroactively authorizing in-kind services for the Relay for Life sponsored by the American Cancer Society

The accompanying resolution was prepared and placed on the agenda at the request of Vice-Chairwoman Barbara J. Jordan.

Murray A. Greenberg
County Attorney

MAG/jls

MEMORANDUM

(Revised)

TO: Honorable Chairman Bruno A. Barreiro and Members, Board of County Commissioners

DATE: January 25, 2007

FROM: Murray A. Greenberg County Attorney

SUBJECT: Agenda Item No. 11(A)(31)

Please note any items checked.

_____ **"4-Day Rule" ("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**

_____ **Bid waiver requiring County Manager's written recommendation**

_____ **Ordinance creating a new board requires detailed County Manager's report for public hearing**

_____ **Housekeeping item (no policy decision required)**

_____ **No committee review**

$716

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:

Special Events Staff
Communications Department
111 N.W. 1st Street, Suite 2510
Miami, FL 33128

Phone: (305) 375-2836
Fax: (305) 375-3968

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.)

1. Full legal name of the requesting organization: **American Cancer Society Northwest Dade-Relay For Life**

2. Applicant Status: (Select one of the choices below)

- ☒ Not-For-Profit or Tax Exempt
- ☐ Local Government or Public Entity
- ☐ For-Profit
- ☐ County Sponsored Event/Sponsoring Department _____
- ☐ Other (specify): _____

3. Name and contact information for single point of contact (address, phone, fax, e-mail address, etc.):
Anthony L. Robinson 3950 NW 183rd Street, Miami Gardens, FL 33055
Off.: 305-620-3166; Cell.: 786-412-7765; Fax: 305 623-7886; E-Mail: Robinson.Anthony@Johncorps.org

4. Specify fee waiver or in-kind service requested (quantity, if applicable): **20 * 40 Stage; [redacted] and One Large Generater**

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries):
Name: Northwest Dade Relay For Life Date: May 19 – 20, 2006 From 6:00 pm – 12noon
Description: The Signature Event for the American Cancer Society
Purpose: Fund Raising event to raise monies in the fight against Cancer

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)):
The Miami Joh Corps Center 3950 NW 183rd Street, Miami Gardens, FL 33055 District: 1

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

8. Description of regional or local impact: To educate and inform the community of cancer and the resources that are available to cancer patients and cancer survivors.

9. Daily/hourly event schedule, including set-up and breakdown schedule (attach event calendar, if applicable):
Set-up Friday, May 19, 2006 Event Schedule: May 19, (6:00pm)
Breakdown Saturday May 20, 2006 May 20, (12 noon)

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): The venue for the Relay is the football field located in the rear of the Miami Job Corps Center

11. Expected number of participants and estimated attendance (per day, if applicable): Estimated 1000 Adults and Children

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): The Northwest Dade Relay does not operate on a budget all services are volunteered and/or donated.

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

Signature of Authorized Representative

April 3, 2006
Date

Memorandum

MIAMI-DADE COUNTY

Date: January 25, 2007

To: Honorable Chairman Bruno A. Barreiro
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

Subject: District Specific In-Kind Request Recommendation

The Office of Strategic Business Management (OSBM) has reviewed the attached in-kind request and recommends for the item to move forward to the Board of County Commissioners for consideration. The district specific in-kind reserve balance allows for the funding of this request.

Background

A retroactive waiver for in-kind services is being requested by a not-for-profit organization American Cancer Society for their Relay for Life event held on May 19-20, 2006.

In-kind services have been requested in an amount not to exceed $716.00 from the Park and Recreation Department for use of a stage. This event will be funded from the District 1 district specific in-kind reserve.

In FY 2006-07 the American Cancer Society has not received any County funding.

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