

MEMORANDUM

Agenda Item No. 3(A)(7)

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

DATE: February 19, 2020

FROM: Abigail Price-Williams
County Attorney

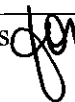
SUBJECT: Resolution authorizing
in-kind services from the
Parks, Recreation and Open
Spaces Department for the
April 17-19, 2020 "River Cities
Festival" sponsored by the
Hialeah Miami Springs Rotary
Charitable Foundation in the
amount of \$5,250.00 to be
funded from the balance of the
District 6 FY 2019-20 In-Kind
Reserve

Resolution No. R-175-20

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

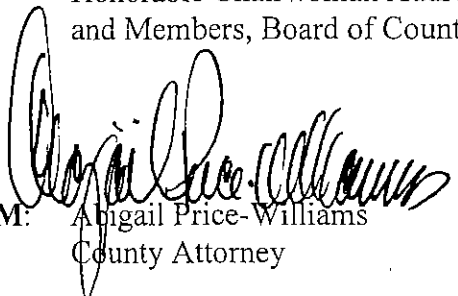


MEMORANDUM

(Revised)

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)(7)

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)(7)
2-19-20

RESOLUTION NO. _____ R-175-20 _____

RESOLUTION AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE APRIL 17-19, 2020 "RIVER CITIES FESTIVAL" SPONSORED BY THE HIALEAH MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION IN THE AMOUNT OF \$5,250.00 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 6 FY 2019-20 IN-KIND RESERVE

WHEREAS, the Hialeah Miami Springs Rotary Charitable Foundation has requested in-kind services from the Parks, Recreation and Open Spaces Department for the April 17-19, 2020 "River Cities Festival" in the amount of \$5,250.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the Hialeah Miami Springs Rotary Charitable Foundation is a not-for-profit organization; and

WHEREAS, the "River Cities Festival" is a family-friendly event for the children, community, and surrounding neighbors, which supports local art, music, athletics, and conservation; and

WHEREAS, the purpose of the "River Cities Festival" is to benefit local businesses, the Rotary Club and many other charitable organizations; and

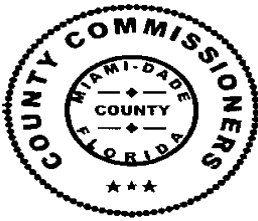
WHEREAS, the "River Cities Festival" is a major event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$5,250.00 of the in-kind services shall be funded from the balance of the District 6 FY 2019-20 In-Kind Reserve,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board authorizes in-kind services from the Parks, Recreation and Open Spaces Department for the April 17-19, 2020 “River Cities Festival” sponsored by the Hialeah Miami Springs Rotary Charitable Foundation, in an amount of \$5,250.00 to be funded from the balance of 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 **Audrey M. Edmonson** , who moved its adoption. The motion was seconded by Commissioner **Rebeca Sosa** and upon being put to a vote, the vote was as follows:

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

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

Linda L. Cave

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

Rebeca Sosa

1. Full legal name of the requesting organization:

Hialeah-Miami Springs Rotary Charitable Foundation

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.):

Tom Curtis 53 Curtis Parkway
Miami Springs, FL 33166 305-887-1234
Fax: 305-477-1346 Cell: 786-262-4614 nctcurtis@curtispub.net

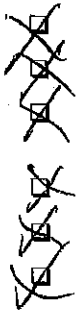
4. Specify fee waiver or in-kind service requested (quantify, if applicable):

Fee waiver for Main Stage
on The Circle in Miami Springs for The
River Cities Festival, April 17-19 2020

5. Name, date of event, description, and purpose of the event (if event is a fund-raiser, define the beneficiaries): _____

Annual event celebrating activities
on the Miami River, community reunions
and Family fun to benefit the Rotary Club
and many other charitable organizations

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 Circle in
Miami Springs and along Canal Street on the
Miami River within Commissioner Rebeca Sosa's
Miami-Dade County District 6

8. Description of regional or local impact: Bring people to Miami Springs
to see the unique aspects of the community
Support local businesses along with non-profit
and for-profit vendors that participate in the 3-day
event. Support local arts, music, athletics and conservation

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

Set-up Thursday April 16 and Friday April 17
Event opens 5:30 p.m. April 17
Event closes 9:00 p.m. Sunday April 19
Break-down Sunday April 19 10 p.m. to Monday April 20

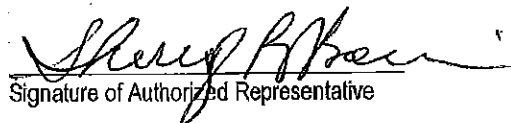
10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): _____

Map of event attached

11. Expected number of participants and estimated attendance (per day, if applicable): Friday April 17. 3,000
Saturday April 18 6,000 Sunday April 19 4,000

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Budget attached

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


Signature of Authorized Representative

12/9/08
Date



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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: Hialeah Miami Springs Rotary Charitable Foundation, Inc.

EQUIPMENT REQUESTED: Showmobile Large

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Rebeca Sosa,
Commission District #6

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

BILLING ADDRESS/ZIP CODE: 111 NW 1st Street Suite 228

NAME/TITLE OF THE EVENT: Springs River Festival 2020

ADDRESS OF EVENT: 1 Curtiss Parkway On The Circle

TODAY'S DATE: 01/08/20 **DATE (S) & TIME OF EVENT:** 04/17 - 19/20 5:00 PM - 10:00 PM

SET-UP TIME & DAY: 04/16/20 2:00 PM

TAKE-DOWN TIME & DAY: 04/19/20 10:30 PM

CONTACT PERSON/PHONE: Lynn Brooks 305-542-3984

AT SITE CONTACT/CELL PHONE#: Tom Curtis 305-887-6234

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: \$5,250.00 In-kind District #6

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature: _____

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



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 10/15

85-8012840508C-9	07/31/2016	07/31/2021	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HIALEAH MIAMI SPRINGS ROTARY CHARITABLE
FOUNDATION INC
166 HIALEAH DR
HIALEAH FL 33010-5250

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 10/15

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Account Management at 800-352-3671. From the available options, select "Registration of Taxes," then "Registration Information," and finally "Exemption Certificates and Nonprofit Entities." The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008058

Entity Name: HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**166 HIALEAH DR
HIALEAH, FL 33010**FILED**
Jan 12, 2018
Secretary of State
CC0875028150**Current Mailing Address:**P O BOX 111635
HIALEAH, FL 33010**FEI Number:** 65-1065383**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**YERMACK, JOHN
166 HIALEAH DRIVE
HIALEAH, FL 33010 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** SECRETARY
Name MILLS, JAMES S JR
Address 651 PLOVER AVE
City-State-Zip: MIAMI SPRINGS FL 33166**Title** D
Name PALMER, MARJORIE E
Address 449 SWALLOW DRIVE #6
City-State-Zip: MIAMI SPRINGS FL 33166**Title** VP
Name YECKE GUDE, ANASTASIA
Address 990 N ROYAL POINCIANA BLVE.
City-State-Zip: MIAMI SPRINGS FL 33166**Title** DIRECTOR
Name CARMODY, NANETTE
Address 651 PLOVER AVE
City-State-Zip: MIAMI SPRINGS FL 33166**Title** T
Name BOWEIN, SHERRYL
Address 288 POCATELLA ST
City-State-Zip: MIAMI SPRINGS FL 33166**Title** D
Name CHEETHAM, ROBERT
Address 6914 HOLLY ROAD
City-State-Zip: MIAMI LAKES FL 33014**Title** PRESIDENT
Name VOYE, NANCY L
Address 611 NIGHTINGALE AVE.
City-State-Zip: MIAMI SPRINGS FL 33166**Title** DIRECTOR
Name HOLDEN, FRANCIS E
Address 166 HIALEAH DR
City-State-Zip: HIALEAH FL 33010**Continues on page 2**

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERRYL B BOWEIN**TREASURER****01/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date



FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES
COMMISSIONER ADAM H. PUTNAM

December 18, 2018

Refer To: CH12284

**HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION,
INC.**

**SHERRYL BOWEN
288 POCATELLA ST
MIAMI SPRINGS, FL 33166-5009**

RE: HIALEAH-MIAMI SPRINGS ROTARY CHARITABLE FOUNDATION, INC.

REGISTRATION#: CH12284

EXPIRATION DATE: December 15, 2019

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

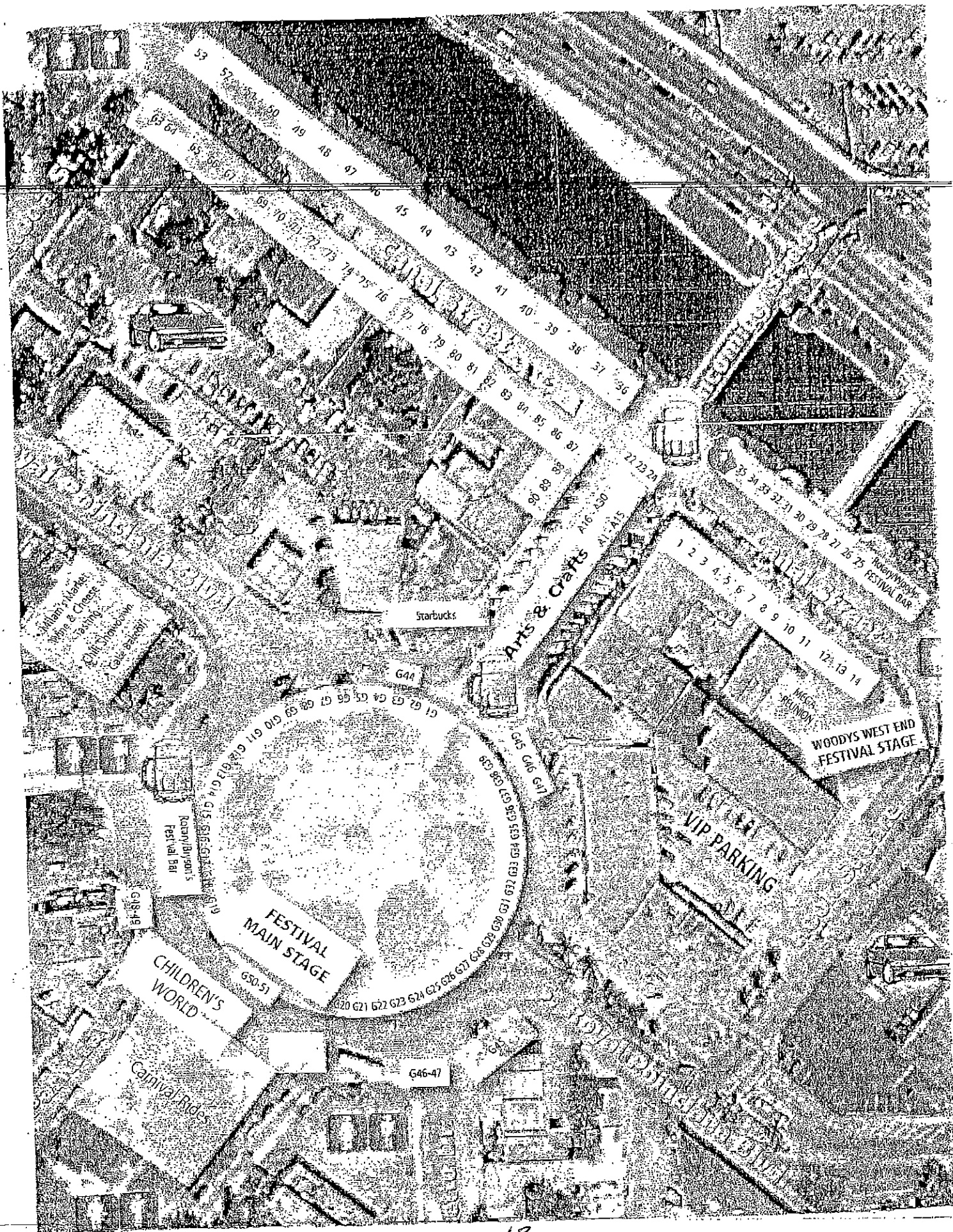
The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Tianna Baity

**Tianna Baity
Regulatory Specialist I
850-410-3770
Fax: 850-410-3804
E-mail: tianna.baity@freshfromflorida.com**





APRIL 12, 13, 14, 2019

2020 River Cities Festival Operating Budget April 17-19, 2020 Miami Springs, Florida

Expenses

Security/Police	\$19,000
Public Works	\$7,000
Canal Street Stage Rental	\$1,000
Rental tents, tables, chairs etc.	\$4,500
Marketing and promotion	\$5,000
Electrical & water expense.....	\$8,000
Festival logo posters, shirts, hats, etc.	\$7,000
Children's World.....	\$12,500
Beverages.....	\$25,000
Entertainment, sound, staging	\$20,000
Mega Reunion miscellaneous.....	\$2,000
Casual labor set-up, break-down	\$2,000
Insurance.....	\$3,000
Miscellaneous	\$2,000
TOTAL	\$118,000

Revenues

Vendor fees	\$29,000
Arts & Crafts exhibitor fees	\$4,000
Festival logo merchandise sales	\$14,000
Beverages	\$35,000
Children's World ticket sales	\$28,000
Sponsorships, in-kind contributions	\$23,000
TOTAL	\$133,000

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", written over a horizontal line.

Subject: District Specific In-Kind Request

A waiver for in-kind services has been requested by Hialeah Miami Springs Rotary Charitable Foundation for the "River Cities Festival" event which will be held on April 17-19, 2020.

In-kind services have been requested in an amount not to exceed \$5,250.00 from the Parks, Recreation and Open Spaces Department for the use of a large showmobile. This event will be funded from the balance of District 6 FY 2019-20 In-Kind Reserve Fund.

A handwritten signature in black ink, appearing to read "Jennifer Moon", written over a horizontal line.

Jennifer Moon
Deputy Mayor

Inkind01943