

MEMORANDUM

Agenda Item No. 3(A)(2)

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

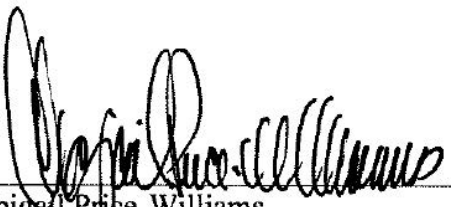
DATE: August 31, 2020

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Resolution retroactively
authorizing in-kind services
from the Parks, Recreation and
Open Spaces Department in an
amount of \$650.00, and from the
Miami-Dade Police Department
in an amount of \$3,742.50, for a
total amount of \$4,392.50 to be
funded from the balance of the
District 9 FY 2019-20 In-Kind
Reserve for the February 29,
2020 "Naranja Reunion"
sponsored by the Naranja
Ravens Athletic Club, Inc.

Resolution No. R-791-20

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Dennis C. Moss.



Abigail Price-Williams
County Attorney

APW/smm

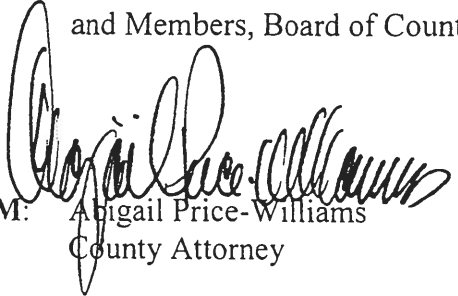


MEMORANDUM

(Revised)

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

DATE: August 31, 2020

FROM: 
Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(A)(2)

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)(2)

8-31-20

RESOLUTION NO. R-791-20

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT IN AN AMOUNT OF \$650.00, AND FROM THE MIAMI-DADE POLICE DEPARTMENT IN AN AMOUNT OF \$3,742.50, FOR A TOTAL AMOUNT OF \$4,392.50 TO BE FUNDED FROM THE BALANCE OF THE DISTRICT 9 FY 2019-20 IN-KIND RESERVE FOR THE FEBRUARY 29, 2020 “NARANJA REUNION” SPONSORED BY THE NARANJA RAVENS ATHLETIC CLUB, INC.

WHEREAS, the Naranja Ravens Athletic Club, Inc. has requested in-kind services from the Parks, Recreation and Open Spaces Department and the Miami-Dade Police Department for the February 29, 2020 “Naranja Reunion” in an amount of \$4,392.50 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the Naranja Ravens Athletic Club, Inc. is a not-for-profit organization; and

WHEREAS, the “Naranja Reunion” is a family-friendly event, which brings the community together and celebrates local citizens who contributed to the community; and

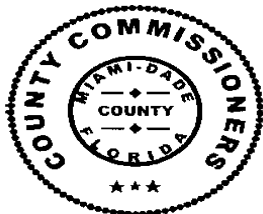
WHEREAS, the “Naranja Reunion” event is a district event, as that term is defined in the attached Fee Waiver/In-kind Service Application, and \$4,392.50 of the in-kind services shall be funded from the balance of the District 9 FY 2019-20 In-Kind Reserve,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board retroactively authorizes in-kind services in an amount of \$650.00 from the Parks, Recreation and Open Spaces Department and \$3,742.50 from the Miami-Dade Police Department, for a total amount of \$4,392.50 to be funded from the balance of the District 9 FY 2019-20 In-Kind Reserve for the February 29, 2020 “Naranja Reunion” sponsored by the Naranja Ravens Athletic Club, Inc.

The Prime Sponsor of the foregoing resolution is Commissioner Dennis C. Moss. It was offered by Commissioner **Rebeca Sosa**, who moved its adoption. The motion was seconded by Commissioner **Sally A. Heyman** 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
Jose "Pepe" Diaz	aye
Eileen Higgins	aye
Joe A. Martinez	absent
Dennis C. Moss	aye
Xavier L. Suarez	aye
Daniella Levine Cava	aye
Sally A. Heyman	aye
Barbara J. Jordan	aye
Jean Monestime	aye
Sen. Javier D. Souto	aye

The Chairperson thereupon declared this resolution duly passed and adopted this 31st day of August, 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

Melissa Adames

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
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
111 N.W. 1st Street, Suite 2200
Miami, FL 33128

Phone: (305) 376-6143
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 COMMISSIONER DENNIS C. MOSS D-9

1. Full legal name of the requesting organization: NARANJA RAVENS ATHLETIC CLUB, INC.

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.): _____

MS. PAMELA W. GREEN

786 641-2533

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

(1) STAGE MD PROS \$650.00

MDPD (police services) \$3742.00 attached

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

NARANJA COMMUNITY REUNION 2020

SATURDAY FEBRUARY 29, 2020 12-5PM

This is a family event for the entire community, there will be FREE food, drinks, music, face painting,

kids flag football, adult volleyball, talent show, poetry showcase, and a awards banquet for our local citizens

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)): _____

DISTRICT 9 MOSS

Naranja Park 14150 SW 264 St. Naranja

8. Description of regional or local impact: _____

Annual Community Reunion

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

Noon - 6PM.

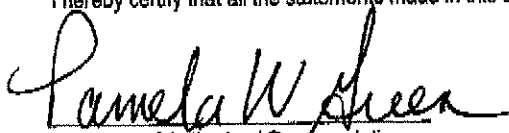
MIAMI-DADE COUNTY
FEE WAIVER/IN-KIND SERVICES APPLICATION
Page 3

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

11. Expected number of participants and estimated attendance (per day, if applicable): 1200 estimate

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

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


Signature of Authorized Representative

01/31/2020
Date



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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: The Naranja Ravens Athletic Club

EQUIPMENT REQUESTED: Stage 16' x 16'

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Dennis Moss
Commission District #9

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

BILLING ADDRESS/ZIP CODE: 111 NW 1st Street Suite 320 Miami, FL 33128

NAME/TITLE OF THE EVENT: 2020 Naranja Reunion

ADDRESS OF EVENT: 14150 SW 264 Street

TODAY'S DATE: 02/11/20

DATE (S) & TIME OF EVENT: 02/29/20 1PM – 6PM

SET-UP TIME & DAY: 12PM 02/29/20

TAKE-DOWN & DAY: 7PM 02/29/20

CONTACT PERSON/PHONE: Pamela Green 786-641-2533

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 In-kind District #9**

***(SEE FEE SCHEDULE FOR EXACT CHARGES)**

Signature: _____

Commissioner Dennis Moss

Agency/Group: Commission District #9

**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

Miami-Dade Police Department

Off-Duty Police Services Pro Forma Invoice

Date: 01/30/2020

Pro Forma Invoice#: 200130-18304-26483

Permit: 18304 - NARANJA OPTIMIST CLUB, INC
13795 SW 268 ST
NARANJA, FL 33032

Job: 26483 - NARANJA REUNION 2020
14150 SW 264TH ST
UNINCORPORATED MIAMI-DADE, FL
33032
2/29/2020 1:00:00 PM thru 2/29/2020
7:00:00 PM

Personnel Charges

Rank	# of Personnel	# Hrs	Total Hrs	Rate	Rate Type	Total
SERGEANT	1	6	6	\$71.75	REG	\$430.50
OFFICER	8	6	48	\$69.00	REG	\$3,312.00
Total:						\$3,742.50

Equipment Charges

Equipment	Rate	Unit	Qty	Total
Total:				

***Estimated Total: \$3,742.50**

Should you have any questions regarding this event, please call the event coordinator(s) listed below at --

Coordinator(s): FERRER, JORGE
PEREZ, LAYLA
SOSA, JUAN

* We have determined our staffing/assignments/budget estimate on the information you have provided. As always, the staffing/times/services rendered, as well as, other relative factors, are subject to change depending on changes/additional information, crowd dynamics, active areas, and/or any public safety concerns that may arise.

The estimated total amount is due to the Miami-Dade Police Department before services can be rendered. A final invoice will be provided when services have been rendered as part of our billing process. The final invoice amount billed may differ from the estimated total. Please note that this Pro Forma Invoice is only valid until 02/09/2020.

Please make payment payable to:
Miami-Dade Police Department
ATTN: Off-Duty Unit
9105 NW 25 ST, Ste. 3049
Doral, FL 33172

or remit online at:
<https://w85exp.miamidade.gov/MDPDOffDutyWeb/loginFwd.action>

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.

NARANJA RAVENS ATHLETIC CLUB, INC

2 Business name/disregarded entity name, if different from above

NARANJA RAVENS ATHLETIC CLUB, INC.

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

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

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

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions)

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **1**

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.

12723 SW 265 ST

6 City, state, and ZIP code

NARANJA, FL 33032

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type.
See Specific Instructions on page 3.

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

 - -

or

Employer identification number

8 3 - 0 4 8 0 9 0 2

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

Pamela W. Green

Date

01/31/2020

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-INT (interest earned or paid)

- 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.



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Detail By Document Number](#) /

Detail by Entity Name

Florida Not For Profit Corporation
NARANJA RAVENS ATHLETIC CLUB, INC.

Filing Information

Document Number	N07000004843
FEI/EIN Number	NONE
Date Filed	05/14/2007
State	FL
Status	INACTIVE
Last Event	ADMIN DISSOLUTION FOR ANNUAL REPORT
Event Date Filed	09/26/2008
Event Effective Date	NONE

Principal Address

13820 SW 268 ST., APT. 102
NARANJA, FL 33032

Mailing Address

13820 SW 268 ST., APT. 102
NARANJA, FL 33032

Registered Agent Name & Address

GREEN, GLENN
26438 SW 134 AVE.
NARANJA, FL 33032

Officer/Director Detail

Name & Address

Title P

ALLEN, COREY
13820 SW 268 ST., APT. 102
NARANJA, FL 33032

Title V

GREEN, PAMELA W.
13820 SW 268 ST., APT. 102
NARANJA, FL 33032

Title D

LITTLE JOHN, GARY
13820 SW 268 ST., APT. 102
NARANJA, FL 33032

Title D

CHICOLA, IVAN
13820 SW 268 ST., APT. 102
NARANJA, FL 33032

Title D

HUDSON, KEVIN
13820 SW 268 ST., APT. 102
NARANJA, FL 33032

Title D

LESTER, DERRICK
13820 SW 268 ST., APT. 102
NARANJA, FL 33032

Annual Reports

No Annual Reports Filed

Document Images

[05/14/2007 -- Domestic Non-Profit](#) [View image in PDF format](#)

Memorandum



Date: September 1, 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 Naranja Ravens Athletic Club, Inc. for their "Naranja Reunion" event held on February 29, 2020.

In-kind services have been requested in amount not to exceed \$650.00 from the Parks, Recreation and Open Spaces Department contributing towards the use of a 16' x 16' stage; and an amount not to exceed \$3,742.50 from the Miami-Dade Police Department for police services. This event will be funded from the balance of District 9 FY 2019-20 In-Kind Reserve Fund.



Jennifer Moon
Deputy Mayor

Inkind01948