MEMORANDUM

Agenda Item No. 3(A)(1)

TO:	Honorable Chairman Anthony Rodriguez and Members, Board of County Commissioners	**DATE:**	March 4, 2025
FROM:	Geri Bonzon-Keenan County Attorney	**SUBJECT:**	Resolution retroactively authorizing in-kind services from the Parks, Recreation and Open Spaces Department for the October 26, 2024 "Monster Mash Bash" sponsored by the City of North Miami Beach in an amount of $1,750.00 to be funded from the District 2 and District 4 FY 2024-25 In-Kind Reserves in the amount of $875.00 each

Resolution No. R-211-25

The accompanying resolution was prepared and placed on the agenda at the request of Co-Prime Sponsors Commissioner Marleine Bastien and Commissioner Micky Steinberg.

Geri Bonzon-Keenan
County Attorney

GBK/uw

MEMORANDUM

(Revised)

TO: Honorable Chairman Anthony Rodriguez
and Members, Board of County Commissioners

DATE: March 4, 2025

FROM: Geri Bonzon-Keenan
County Attorney

SUBJECT: Agenda Item No. 3(A)(1)

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 ____, majority plus one ____, 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) ____, 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)(1)
3-4-25

RESOLUTION NO. R-211-25

RESOLUTION RETROACTIVELY AUTHORIZING IN-KIND SERVICES FROM THE PARKS, RECREATION AND OPEN SPACES DEPARTMENT FOR THE OCTOBER 26, 2024 "MONSTER MASH BASH" SPONSORED BY THE CITY OF NORTH MIAMI BEACH IN AN AMOUNT OF $1,750.00 TO BE FUNDED FROM THE DISTRICT 2 AND DISTRICT 4 FY 2024-25 IN-KIND RESERVES IN THE AMOUNT OF $875.00 EACH

WHEREAS, the City of North Miami Beach has requested in-kind services from the Parks, Recreation and Open Spaces Department for the October 26, 2024 "Monster Mash Bash" in an amount of $1,750.00 (see attached Fee Waiver/In-kind Service Application); and

WHEREAS, the "Monster Mash Bash" is a family-oriented gathering to celebrate Halloween; and

WHEREAS, the "Monster Mash Bash" is a special 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 District 2 and District 4 FY 2024-25 In-Kind Reserves in the amount of $875.00 each,

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 October 26, 2024 "Monster Mash Bash" sponsored by the City of North Miami Beach in an amount of $1,750.00 to be funded from the District 2 and District 4 FY 2024-25 In-Kind Reserves in the amount of $875.00 each.

The Co-Prime Sponsors of the foregoing resolution are Commissioner Marleine Bastien and Commissioner Micky Steinberg. It was offered by Commissioner **Raquel A. Regalado**, who moved its adoption. The motion was seconded by Commissioner **Marleine Bastien** and upon being put to a vote, the vote was as follows:

Anthony Rodriguez, Chairman	**aye**		
Kionne L. McGhee, Vice Chairman	**aye**		
Marleine Bastien	**aye**	Juan Carlos Bermudez	**aye**
Kevin Marino Cabrera	**aye**	Sen. René García	**aye**
Oliver G. Gilbert, III	**absent**	Roberto J. Gonzalez	**aye**
Keon Hardemon	**absent**	Danielle Cohen Higgins	**aye**
Eileen Higgins	**absent**	Raquel A. Regalado	**aye**
Micky Steinberg	**aye**		

The Chairperson thereupon declared this resolution duly passed and adopted this 4th day of March, 2025. 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

JUAN FERNANDEZ-BARQUIN, CLERK

By: **Basia Pruna**
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

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 Commissioner Steinberg and Commissioner Bastien

1. Full legal name of the requesting organization: City of North Miami Beach

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.): Jason Hope
   (786)-436-6993
   Jason.Hope@citynmb.com

4. Specify fee waiver or in-kind service requested (quantify, if applicable): In-Kind Service for Showmobile

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

Monster Mash Bash

October 26th, 2024

Local government Halloween event for the public.

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)):

17011 NE 19th Ave, North Miami Beach, 33162, FL

8. Description of regional or local impact: This is a local event that will be partnering with local restaurants and vendors.

Street closure from October 26th 8am to 11pm

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

Event Time: 5pm - 9pm

Requesting stage to be delivered at 12pm for sound to be set-up before event time

Breakdown and stage pick up: 9pm

10. Detailed description of event venues (map or schematic of event venues, access points, surrounding roadways and traffic flow diagrams, if applicable): This event will take place on a closed road in front of the North Miami Beach City Hall

11. Expected number of participants and estimated attendance (per day, if applicable): 2000-3000 Attendees

12. Itemized budget, including total event budget, total budget of host organization, if applicable, and total commitment of resources (attach additional pages as needed): Event Budget - $22,500

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

Jason Hope Digitally signed by Jason Hope Date: 2024.09.03 14:22:48 -04'00'

Signature of Authorized Representative

9/3/24

Date

Application for Allocation of Funds

9/03/24
DATE

2
COMMISSION DISTICT

W9 Form Must be Submitted with Application

For Applicant Use:

City of North Miami Beach
Legal Name of Recipient Organization or Name of County Department

Monster Mash Bash
Activity to be Funded

875.00
Amount Requested

17011 NE 19th Ave
Organization Address (as listed on W9 form and Corporate Documents)

North Miami Beah, FL, 33162
City, State and Zip Code

Jason Hope
Organization Contact Person

305-948-2957 ext. 2704
Contact Number(s)

Jason.Hope@citynmb.com
E-mail Address

By the acceptance of these funds, the recipient Applicant agrees to provide the services for which funds have been allocated. Signing the application affirms you have read and agree to comply with all requirements detailed on page 2 of this application.

City of North Miami Beach
Recipient Organization

(Organization Seal)

Attest Darva Pierre-Louis
Recipient Organization Secretary

Signature of President or Vice President

Jason Hope
Type or Print Name

9/03/2024
Date

For Commission Office Use: Please submit form to Office of Policy and Budgetary Affairs at: CBOFORMS@miamidade.gov

Amount Allocated: $_____

Legistar or Resolution Number: _____

Memorandum Request Date: _____
(memorandum must be attached)

BCC Meeting Date: _____

Source:

- ☐ Discretionary Reserve
- ☐ Office Budget Funds
- ☐ Stroller Parking Funds
- ☐ Arena Naming Rights Funds as defined by R-238-21
- ☐ Marlins Settlement Funds as defined in R-226-21
- ☐ District Designated Program

APPROVED _____
Commissioner's Signature

Date

For Departmental Use:

ATTEST: Miami-Dade County, Florida
Juan Fernandez-Barquin
Clerk of the Court and Comptroller

By: _____
Deputy Clerk

INFORMS Supplier ID: _____

Application for Allocation of Funds

9/03/24
DATE

W9 Form Must be Submitted with Application

4
COMMISSION DISTICT

For Applicant Use:

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Legal Name of Recipient Organization or Name of County Department

Monster Mash Bash
Activity to be Funded

875.00
Amount Requested

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Organization Address (as listed on W9 form and Corporate Documents)

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Recipient Organization

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Recipient Organization Secretary

Signature of President or Vice President

Jason Hope
Type or Print Name

9/03/2024
Date

For Commission Office Use: Please submit form to Office of Policy and Budgetary Affairs at: CBOFORMS@miamidade.gov

Amount Allocated: $ 875

Legistar or Resolution Number: _____

Memorandum Request Date: _____
(memorandum must be attached)

BCC Meeting Date: _____

Source:

- ☐ Discretionary Reserve
- ☐ Office Budget Funds
- ☐ Stroller Parking Funds
- ☐ Arena Naming Rights Funds as defined by R-238-21
- ☐ Marlins Settlement Funds as defined in R-226-21
- ☐ District Designated Program

APPROVED _____ 9/3/24
Commissioner's Signature — Date

For Departmental Use:

ATTEST: Miami-Dade County, Florida
Juan Fernandez-Barquin
Clerk of the Court and Comptroller

By: _____
Deputy Clerk

INFORMS Supplier ID: _____

Civil Rights: The Organization agrees to abide by Chapter 11A of the Code of Miami-Dade County ("County Code"), as amended, which prohibits discrimination in employment, housing and public accommodations; Title VII of the Civil Rights Act of 1968, as amended, which prohibits discrimination in employment and public accommodation; the Age Discrimination Act of 1975, 42 U.S.C., as amended which prohibits discrimination in employment because of age; Section 504 of the Rehabilitation Act of 1973, 29 § U.S.C. 794, as amended, which prohibits discrimination on the basis of disability; the Americans with Disabilities Act, 42 U.S.C. § 12103 et seq., which prohibits discrimination in employment and public accommodations because of disability; the Rehabilitation Act; the Federal Transit Act, 49 U.S.C. § 1612; the Fair Housing Act, 42 U.S.C. § 3601 et. seq; and the Domestic Violence Leave Ordinance, codified as § 11A -60 et. seq. of the Miami-Dade County Code.

Payment Procedures

The recipient Applicant shall submit proof of active federal tax classification by providing, as part of application, a completed W-9 form.

Use of Funds

The recipient organization understands by the acceptance of these funds, it agrees to provide the services described on the application form and as approved by the Commissioner allocating the funds.

The recipient Applicant understands that allocations made from the Arena Naming Rights Funds and the Marlins Settlement Funds set specific parameters for the use of funds, detailed in Resolutions, R-238-21 and R-226-21, respectively.

Prohibited Use of Funds: The Applicant shall not utilize County funds to retain legal counsel for any action or proceeding against the County or any other of its agents, instrumentalities, employees, or officials. The Applicant shall not utilize County funds to provide legal representation, advice or counsel to any client in any action or proceeding against the County or any of its agents, instrumentalities, employees, or officials. Funding shall not be used for political donations or lobbying.

Audits

The recipient Applicant must keep on file all invoices and payment documentation associated with this agreement/application for a period of no less than five (5) years from the date of acceptance of funds.

Office of Commission Auditor. Miami-Dade County has established the Office of the Commission Auditor, which is empowered to perform financial and compliance audits to determine whether financial operations are being properly conducted, whether the financial reports of the audited department, agency or entity are presented fairly, and whether the agency, department or entity has complied with the applicable requirements and regulations. Applicant agrees that the Commission Auditor may conduct audits to ensure that the Applicant has used funds appropriately and has complied with the fiscal and legislative policies of the Board of County Commissioners.

Office of Miami-Dade Inspector General. Miami-Dade County has established the Office of Inspector General, which is empowered to perform random audits on all County contracts throughout the duration of each agreement. Grant recipients are exempt from paying the cost of the audit, which is normally ¼ of 1% of the total agreement amount.

Independent Private Sector Inspector General Review. Pursuant to Miami-Dade County Administrative Order 3-20, the Applicant is aware that the County has the right to retain the services of an Independent Private Sector Inspector General (hereinafter "IPSIG"), whenever the County deems it appropriate to do so and at the County's expense. The Applicant shall make available to the IPSIG retained by the County, all requested records and documentation pertaining to this Agreement for inspection and copying, including documents held by sub-consultants' assignees. The County may conduct other audits or investigations, as it deems reasonable. The terms of this Section shall not impose any liability on the County by the Applicant or any third party.

Application for Allocation of Funds

9/03/24
DATE

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APPROVED_____
Commissioner's Signature

Date

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Juan Fernandez-Barquin
Clerk of the Court and Comptroller

By: _____
Deputy Clerk

INFORMS Supplier ID: _____

MDC011

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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: City of North Miami Beach Park and Recreation

EQUIPMENT REQUESTED: Showmobile Large with ADA

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Marleine Bastien
Commission District 2

CHARTFIELD INFO (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE: 111 NW 1st Street Suite 220 Miami, FL

NAME/TITLE OF THE EVENT: Monster Mash Bash

ADDRESS OF EVENT: 17011 NE 19 Ave North Miami Beach, FL

TODAY'S DATE: 09/03/24

DATE (S) & TIME OF EVENT: 10/26/24 5PM – 9PM

SET-UP TIME & DAY: 10/26/24 1PM

TAKE-DOWN TIME & DAY: 10/26/24 9:30PM

CONTACT PERSON/PHONE: Jason Hope 786-436-6993
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, the users, also agree to adhere to the requests set forth in the rental policy. We do have a copy of the rental policy and fully understand the requirements set forth in renting the equipment requested as outlined in the rental policy. **We also understand that the total fee is to be remitted (15) fifteen working days before the event.**

***Fee: $875.00 District 2**

*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature:

Commissioner Marleine Bastien

Agency/Group: Commission District 2

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

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

EQUIPMENT (S) CONFIRMATION FORM

ORGANIZATION/AGENCY: City of North Miami Beach Park and Recreation

EQUIPMENT REQUESTED: Showmobile Large with ADA

NAME OF PERSON RESPONSIBLE FOR THIS BILL: Commissioner Micky Steinberg
Commission District 4

CHARTFIELD INFO (MIAMI-DADE AGENCIES ONLY):

BILLING ADDRESS/ZIP CODE: 2124 NE 123rd Street Suite 201 North Miami, FL 33181

NAME/TITLE OF THE EVENT: Monster Mash Bash

ADDRESS OF EVENT: 17011 NE 19 Ave North Miami Beach, FL

TODAY'S DATE: 09/03/24

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***Fee:**
$875.00 in-kind District #4
*(SEE FEE SCHEDULE FOR EXACT CHARGES)

Signature:
Commissioner Micky Steinberg
Agency/Group: Commission District 4

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City of North Miami Beach

NMB

Parks and Recreation

MONSTER MASH BASH

PREPARE YOUR COSTUMES FOR A NIGHT YOU WON'T FORGET

OCTOBER 26, 2024

STARTS AT 8 PM

ACTIVITIES INCLUDE HAUNTED HOUSE ($2), MUSIC, ARTS & CRAFTS, BOUNCE HOUSES, RIDES, VENDORS, COSTUME CONTESTS, PRIZES, AND FREE CANDY! ADMISSION IS FREE

NMB CITY HALL

17011 NE 19 AVE, NMB, FL, 33162

For More Information call 305-948-2957 OR nmbparks@citynmb.com

Memorandum

Date:

To: Honorable Chairman Oliver G. Gilbert, III
and Members, Board of County Commissioners

From: Daniella Levine Cava
Mayor

Subject: District Specific In-Kind Request

A retroactive waiver of in-kind services has been requested by the City of North Miami Beach for their "Monster Mash Bash" event to be held on October 26, 2024.

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 utilization of a large showmobile. This event will be funded from the District 2 and District 4 FY 2024-25 In-Kind Reserve Fund in the amount of $875.00 each.

Carladenise Edwards
Chief Administrative Officer