

RESOLUTION No. 2009-48-993

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AUTHORIZING THE CITY MANAGER TO TAKE ANY AND ALL STEPS NECESSARY TO PRODUCE AND IMPLEMENT THE CITY'S FOURTH ANNUAL YOUTH INVITATIONAL BASKETBALL TOURNAMENT COMMENCING APRIL 2009; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the City of Miami Gardens Parks and Recreation Department would like to host a Fourth Annual Youth Invitational Basketball Tournament, and

WHEREAS, it is estimated that the total cost for the event will be Six Thousand Five Hundred Dollars (\$6,500.00) and there are funds in the City's Parks and Recreation budget for this purpose, and

WHEREAS, the City Council would like to authorize the City Manager to take any and all steps necessary to produce and implement the Fourth Annual Youth Invitational Basketball Tournament in April 2009,

NOW THEREFORE, BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AS FOLLOWS:

Section 1. ADOPTION OF REPRESENTATIONS: The foregoing Whereas paragraphs are hereby ratified and confirmed as being true, and the same are hereby made a specific part of this Resolution.

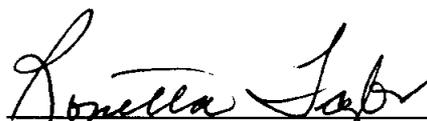
Section 2. AUTHORIZATION: The City Council of the City of Miami Gardens hereby authorizes the City Manager to take any and all steps necessary in order to implement the City's Fourth Annual Youth Invitational Basketball Tournament.

Section 3. EFFECTIVE DATE: This Resolution shall take effect immediately upon its final passage.

PASSED AND ADOPTED BY THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS AT ITS REGULAR MEETING HELD ON FEBRUARY 25, 2009.

  
SHIRLEY GIBSON, MAYOR

ATTEST:

  
RONETTA TAYLOR, MMC, CITY CLERK

PREPARED BY: SONJA KNIGHTON DICKENS, ESQ.  
City Attorney

SPONSORED BY: DANNY CREW, CITY MANAGER

MOVED BY: Councilman Gilbert  
SECOND BY: Councilman Bratton

VOTE: 6-0

Mayor Shirley Gibson	<u>    </u> (Yes)	<u>    </u> (No) (out of town)
Vice Mayor Barbara Watson	<u>  X  </u> (Yes)	<u>    </u> (No)
Councilman Melvin L. Bratton	<u>  X  </u> (Yes)	<u>    </u> (No)
Councilman Aaron Campbell	<u>  X  </u> (Yes)	<u>    </u> (No)
Councilman Oliver Gilbert, III	<u>  X  </u> (Yes)	<u>    </u> (No)
Councilwoman Sharon Pritchett	<u>  X  </u> (Yes)	<u>    </u> (No)
Councilman André Williams	<u>  X  </u> (Yes)	<u>    </u> (No)

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1515 NW 167 Street, Building 5 Suite 200  
Miami Gardens, Florida 33169

## City of Miami Gardens Agenda Cover Memo

<b>Council Meeting Date:</b>	February 25, 2009		<b>Item Type:</b>	<b>Resolution</b>	<b>Ordinance</b>	<b>Other</b>
			(Enter X in box)	X		
<b>Fiscal Impact:</b> <i>(Enter X in box)</i>	<b>Yes</b>	<b>No</b>	<b>Ordinance Reading:</b> <i>(Enter X in box)</i>		<b>1<sup>st</sup> Reading</b>	<b>2<sup>nd</sup> Reading</b>
	X		<b>Public Hearing:</b> <i>(Enter X in box)</i>		<b>Yes</b>	<b>No</b>
					X	X
<b>Funding Source:</b>	<b>General Fund- Parks &amp; Recreation</b>		<b>Advertising Requirement:</b> <i>(Enter X in box)</i>	<b>Yes</b>		<b>No</b>
						X
<b>Contract/P.O. Required:</b> <i>(Enter X in box)</i>	<b>Yes</b>	<b>No</b>	<b>RFP/RFQ/Bid #:</b>			
	X					
<b>Sponsor Name</b>	Dr. Danny Crew, City Manager		<b>Department:</b>	Parks and Recreation Department		

**Short Title:**

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF MIAMI GARDENS, FLORIDA, AUTHORIZING THE CITY MANAGER TO TAKE ANY AND ALL STEPS NECESSARY TO PRODUCE AND IMPLEMENT THE CITY'S FOURTH ANNUAL YOUTH INVITATIONAL BASKETBALL TOURNAMENT COMMENCING APRIL 2009; PROVIDING FOR THE ADOPTION OF REPRESENTATIONS; PROVIDING AN EFFECTIVE DATE.

**Staff Summary:**

The City of Miami Gardens Parks and Recreation Department acknowledges that there are several talented youth basketball teams in and around the City of Miami Gardens. The Department believes it has an obligation to cultivate, encourage, and support these athletes and their coaches. To showcase these talents, the Department offers an annual youth basketball tournament for children ages 12-16 at Miami Carol City Senior High School. Miami Gardens Parks and Recreation wishes to host another two-day tournament complete with food, trophies, t-shirts and giveaways for the participants and coaches. The total cost for this 4<sup>th</sup> Annual Youth Invitational Basketball Tournament will be \$6500, which is currently earmarked for the event in the Department's operational budget. Sponsorship opportunities will also be available for community partners and business.

**Proposed Action:**

**ITEM J-15) CONSENT AGENDA  
RESOLUTION  
4th Annual Youth Basketball Tournament**

It is recommended that the City Council adopt the attached resolution, authorizing the City Manager to take any and all steps necessary to produce and implement the *4<sup>th</sup> Annual Youth Invitational Basketball Tournament* in April 2009.

**Attachments:**

- I. Facilities Agreement with Miami Carol City Senior High School
- II. Agreement with Miami Gardens Police Department for Off-Duty Policing

FOUR COPIES OF THIS APPLICATION  
MUST BE SUBMITTED TO THE:  
Miami-Dade County Public Schools  
Department of Plant Operations  
1190 N.W. 75 Street  
Miami, Florida 33150

**APPLICATION FOR TEMPORARY USE OF SCHOOL BUILDING FACILITIES OF  
THE MIAMI-DADE COUNTY PUBLIC SCHOOLS - TEMPORARY USE AGREEMENT**

Miami, Florida

Date of Application 2/9/69  
(Must be at least 20 days before date event)

**PLEASE ANSWER ALL QUESTIONS:** The User (Organization) will be subject to the provisions shown on the reverse side of this form and to the charges indicated below. An approved copy will be returned to the organization requesting the use of the building facilities.

Work Location Number ..... Name of School Requested CARA CITY SENIORS HIGH SCHOOL ..... Date of Meeting APRIL 10-11 .....  
 Day of Week FRI - SAT ..... Hour Building Will Be Needed: (NO ADMITTANCE PRIOR TO THIS HOUR) 7 A.M. ..... Hour Building Will Be Vacated 5 P.M. .....  
 Organization Making Application CITY OF MIAMI GARDENS PARKS AND RECREATION ..... Anticipated Attendance 150 .....

Specify Purpose of Meeting YOUTH BASKETBALL TOURNAMENT (AGES 12-16) .....  
 Name of President ..... Phone No. .... Name of Treasurer ..... Phone No. ....  
 Is meeting free of charge and open to the public? YES ..... Will an admission/collection be taken? NO .....  
 FURNISHINGS OR SPECIAL PREPARATIONS EXPECTED? NO YES ..... EXPLAIN: .....

**CHECK SPACE NEEDED (No Other Facilities Will Be Provided Unless Checked On Application)**  
 Cafeteria (NO USE OF KITCHEN) ..... Band Room ..... Gymnasium  ..... Auditorium and Box Office ..... (NO FOOD OR DRINKS IN AUDITORIUM)  
 Grounds Only ..... Other .....

**INSURANCE** - The User (Organization) must furnish valid evidence of insurance according to the requirements shown on the reverse side of the blue copy of this application.  
**INDEMNIFICATION** - The User (Organization) does hereby agree to indemnify, hold harmless and defend the School Board of Miami-Dade County, Florida against any claim, action, loss, damage, injury, liability, cost or expense of whatsoever kind or nature including, but not by way of limitation, attorney's fees and court costs arising out of injury to persons, or damage to property arising out of, or incidental to, the use or occupancy of the school facilities, including, but not by way of limitation, any injury to persons or property damage which occurs on or about the school facilities or on or about adjacent premises or ways used or occupied by the Organization or its agents, employees, customers, invitees, contractors or subcontractors, in connection with the school facilities. If the Organization is a state agency or subdivision as defined in section 768.28, Florida Statutes, nothing therein shall be construed to extend the Organization's liability beyond that provided in section 768.28, Florida Statutes.

Authorized Representative of Organization:

.....  
 (Print Name & Title)  
 In signing this application I assume full responsibility for payment of this account.  
 Signature ..... Phone No. ....  
 Street Address ..... City ..... Zip .....

NOTE: Before this agreement becomes official it must bear the designated signatures.  
 Principal (Date) ..... Superintendent (Date) .....

FOR OFFICE USE	
INDIVIDUAL	
REPETITIOUS	
GROUNDS ONLY	
SCHOOL ALLIED	
GOVERNMENT	
OTHER	
INSURANCE	
BLANKET/GROUP INS	

**DO NOT WRITE IN THIS SPACE - FOR OFFICE USE ONLY**

INVOICE: All payments must be made according to the directions on the reverse side, delivered to the address given on the invoice.

A.M.	A.M.	BASIC CHARGE	..... \$
P.M.	P.M.	ADD'L ( )	
		OVERTIME	..... HRS.
A.M.	A.M.	BASIC CHARGE	..... \$
P.M.	P.M.	ADD'L ( )	
		OVERTIME	..... HRS.
A.M.	A.M.	BASIC CHARGE	..... \$
P.M.	P.M.	ADD'L ( )	
		OVERTIME	..... HRS.

TOTAL CHARGE ..... \$



# Miami Gardens Police Department

## Special Event/Off-Duty Police Permit/Application

Permit Number \_\_\_\_\_

Temporary  Permanent

### PERMIT CANCELLATION

**THE POLICE DEPARTMENT CAN CANCEL A PERMIT AT ANY TIME, WITH OR WITHOUT CAUSE.**

THE PERMITTEE MAY CANCEL A PERMIT BY CONTACTING THE DEPARTMENTAL OFF-DUTY COORDINATOR AT (305) 474-1513, 72 HOURS PRIOR TO THE EVENT DURING BUSINESSS HOURS, OR NON-BUSINESS HOURS BY CONTACTING THE COMMUNICATIONS FLOOR SUPERVISOR AT (305) 474-6473. IF THIS CANCELLATION IS NOT MADE AT LEAST 72 HOURS PRIOR TO THE DATE AND TIME OF THE PERMIT ASSIGNMENT, THE PERMITTEE MAY BE RESPONSIBLE FOR COMPENSATION TO THE DEPARTMENT AT THE MINIMUM NUMBER OF HOURS PAY FOR EACH OFFICER SCHEDULED.

I \_\_\_\_\_, AS AUTHORIZED REPRESENTATIVE OF AFOREMENTIONED PERMITTEE, HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS PERMIT APPLICATION AND THE "CONDITIONS OF PERMIT", AND FURTHER AGREE THAT I WILL ABIDE BY AND BE SUBJECT TO THESE CONDITIONS IN ALL RESPECTS.

SIGNATURE OF PERMITTEE OR AUTHORIZED REPRESENTATIVE

DATE

### OFFICE USE ONLY

GRANTED THE ABOVE APPLICATION FOR PERMIT IS HEREBY GRANTED, AND THE ABOVE APPLICATION, TOGETHER WITH THE AFOREMENTIONED "CONDITIONS OF PERMIT" ARE HEREBY ADOPTED, BY REFERENCE, AND ARE MADE A PART OF AND CONSTITUTE THE TERMS AND CONTITIONS OF THIS PERMIT.

CRIMINAL HISTORY COMPLETED BY: \_\_\_\_\_

Period of Employment: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Hours Worked: \_\_\_\_\_ from: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

AUTHORIZED SIGNATURE

DATE APPROVED



# Miami Gardens Police Department

## Special Event/Off-Duty Police Permit/Application

Permit Number \_\_\_\_\_  Temporary  Permanent

**A PERMIT WILL NOT BE ISSUED TO ANY PERSON, FIRM, OR ORGANIZATION WHOSE MEMBERS, BUSINESS, OR OPERATION IS QUESTIONABLE OR FOR ANY EVENT THAT WILL DISCREDIT THE EMPLOYEE OR DEPARTMENT. THE MIAMI GARDENS POLICE DEPARTMENT IS NOT OBLIGATED TO PROVIDE OFF-DUTY POLICE SERVICES. THE MIAMI GARDENS POLICE DEPARTMENT WILL ATTEMPT TO PLACE OFFICERS DURING THE REQUESTED DATES AND HOURS. DUE TO EMERGENCIES, INABILITY TO FIND AN OFFICER TO WORK THIS DETAIL OR OTHER UNFORESEEN CIRCUMSTANCES, THIS PERMIT MAY NOT BE FILLED WHEN REQUESTED. A REQUEST FOR AN OFF-DUTY DETAIL NEEDS TO BE SUBMITTED FOURTEEN DAYS IN ADVANCE OF THE EVENT. REQUESTS SUBMITTED LESS THAN THE ALLOCATED TIME WILL BE PROCESSED; HOWEVER IT IS UNLIKELY THE EVENT WILL BE STAFFED.**

NAME OF APPLICANT (Business/Organization/Individual)	DESIGNATED REPRESENTATIVE	PHONE (DAY)	FAX NUMBER
CITY OF MIAMI GARDENS PARKS AND REC.	RASHOD SMITH	305-807-8656	305-652-4677
AFTER HOURS CONTACT PERSON AND NUMBER	CELLULAR TELEPHONE NUMBER	EMAIL ADDRESS	
SAME	305-807-8656	rsmith@miamigardens-fl.gov	
ADDRESS OF EVENT/LOCATION	BILLING ADDRESS (Permanent Address)		
3422 NW 187 <sup>th</sup> ST MIAMI CAROL CITY SENIOR HIGH			
PERMIT SERVICE DATE(S), DAYS AND HOURS TO BE WORKED	ADDITIONAL PERMITS (IF REQUIRED, APPLICABLE)	PREDICTED ATTENDANCE	
FRIDAY, APRIL 10, 2009 9AM-2PM SATURDAY, APRIL 11, 2009 9AM-2PM		150	
EQUIPMENT REQUESTED:	NUMBER OF OFFICERS REQUESTED	SPECIAL SERVICES OR LOCATION TO BE PERFORMED:	
<input checked="" type="checkbox"/> MARKED VEHICLE NUMBER _____ <input type="checkbox"/> MOTORCYCLE NUMBER _____	1	N/A	

DESCRIPTION OF SERVICES NEEDED/TYPE OF EVENT:  
**PATROL / BASKETBALL TOURNAMENT**

DOES THE ESTABLISHMENT HAVE A LIQUOR LICENSE: <input type="checkbox"/> YES <input type="checkbox"/> NO  LIQUOR LICENSE TYPE _____  LIQUOR LICENSE NUMBER _____	LIQUOR LICENSE HOLDER NAME _____  DATE OF BIRTH OF LICENSE HOLDER _____
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### STAFFING REQUIREMENTS AND RATES

CAPTAINS/SERGEANTS \_\_\_\_\_ @\$45/HOUR      OFFICERS 1 @\$39/HOUR  
(SUPERVISORY CAPACITY)

RATES EFFECTIVE FEBRUARY 14, 2008

NOTE: ALL OFFICERS WORKING A PERMIT ASSIGNMENT WILL RECEIVE A MINIMUM OF THREE (3) HOURS PAY, AS DUE THEIR RANK. THE ABOVE RATES ARE SUBJECT TO CHANGE. FOLLOWING SUCH CHANGE, THE DEPARTMENT SHALL GIVE NOTICE TO THE PERMITTEE WITHIN 14 DAYS. \*See Off Duty Agreement

