Neighbors Working Together Uwazen Kap Travay Ansanm

RECEIVED
SEP 24 2012
CITY MANAGERS OFFICE

09/21/2012

Mr. Stephen E. Johnson
North Miami City Manager
76 NE 125th Street, 4th Floor
North Miami, FL 33161

Dear Mr. Johnson,

The Haitian Diaspora Organization, Inc., also known as HDO Community Center is proud to announce the 2012 **HDO Health Fair & Food Drive.** We kindly ask the City of North Miami to partner with us in this effort by securing the Griffing Adult Center and Park located at 12215 West Dixie Highway, North Miami, FL 33161. The HDO Health Fair & Food Drive will be held on Saturday November 17th, 2012 and it is scheduled to start at exactly 10:00 a.m. and ends at 5:00 p.m.

The purpose of the HDO Health Fair & Food Drive is to provide early detection of health problems, to increase health awareness through screenings and education, and to distribute food directly to individual members of our community. HDO Community Center will distribute 80,000 lbs. or 40 tons of raw dried, cold, & frozen foods to approximately 3,000 families participating in the health fair. Each family will receive a shopping bag filled with food just before the Thanksgiving Holiday. Our collective efforts will certainly make a difference in our great community.

HDO Community Center collaborates with a variety of local and statewide companies to assist communities in planning and coordinating these fun and educational events. Or perhaps, you and your office can further assist us by securing tables, chairs, and tents for the providers we anticipate will be there at the event. We may also need a stage, police reinforcement, and an active power supply as we will have presenters and music to entertain the crowd. HDO Community Center and its partners would greatly appreciate your partnership, and any other assistance you may be able to provide for the success of this invaluable community event.

We look forward to partnering with you to render this wonderful mission a success and we certainly anticipate a speedy response from you regarding the location.

Thanks in advance for your support and your partnership. In case you have any queries, please feel free to contact our office at (305) 771 – 4655 or via mobile at (305) 303 – 4434. Thank you for considering our request and for your support!

Gratefully Yours,

Jude Metellus, BASW, MHT w/h Forensic
Chief Executive Director
JudeM@HDOCommunityCenter.org

Z-3

City of North Miami

COMMUNITY EVENT APPLICATION

For office use only

Please fill out this application completely.

Note: ***See page four (4) for checklist.***

Are you requesting a fee waiver for City facilities and services?
Yes ✓ **No** ____

EVENT

1. Event Name: 2012 HDO Health Fair & Food Drive
2. Requested Location: Griffing Park (12201 West Dixie Highway)
   - Alternate Location (*if requested location is not available*): ____
3. Date: 11/17/2012 Rain-Out or Alternate Date *(If date requested is not available)*: ____

   If more than one (1) day please specify:
   Day 1: ____ Day 2: ____
4. Actual Event Start Time: Begin: 10:00 AM End: 5:00 PM
5. Set-up Date: 11/17/2012 Set-up Time: 8:00-10:00 AM
6. Breakdown Completed Date: 11/17/2012 Breakdown Completion Time: 5:00PM - 8:00PM
7. Estimated amount of people attending: 3000 people
8. Type of Event: *check all that apply*

___ Award Show	___ Festival	___ Religious
✓ Community Event	___ Fund-Raiser	___ Sporting Event
___ Concert / Performance	___ Parade	✓ Other Food Drive
✓ Fair / Carnival	___ Political	

Please also provide a detailed description of your event on your organizations letterhead.

9. Number of times this event has taken place in the City of North Miami: 0
10. Was this event presented in other cities? Yes ____ No ✓
    - If yes, what cities: ____
11. References: Name: ____ Phone: ____ Email: ____
    Name: ____ Phone: ____ Email: ____

ORGANIZATION

- What type is your organization: ***Please circle all that apply.***
  For Profit (Non Profit) Governmental Neighborhood Association Other: ____
- Name: Haitian Diaspora Organization, Inc.
  Address: 75 NW 167th Street, Suite #3
  City: Miami State: FL Zip: 33169
  Phone: (305) 771-4655 Fax: (305) 938-0613 E-Mail: office@HDOcommunitycenter.org
- Contact persons name: Jude Metellus
  Phone: (305) 771-4655 Cell (305) 303-4434 E-Mail: Judem@HDOcommunitycenter.org

- Alternate contact person: Moise Dugé

  Phone: (305) 771-4655 Cell: (305) 725-1292 E-Mail: MoiseD@HDOcommunitycenter.org

Please provide the City of North Miami with a copy of one of these identifications: valid Florida Drivers License, 501(c) (3) and Business Identity.

LOGISTICS

12. Will you require road closure? Yes_____ No ✓

If yes, please describe what streets you want closed and the closing and opening dates / times.

- _____ Street (s) from: _____ to: _____

- Closure date: _____ Time: _____
- Opening date: _____ Time: _____

12A Approximate number of vehicles anticipated: _____

A computerized map attached showing cross streets and location of proposed venue; along with staging set up and full logistical set-up must be included in your packet.

County roads require a permit from Miami-Dade County (305-375-2030). The Florida State Department of Transportation (FDOT) requires that event organizers obtain a permit for the closure of all state roads. This permit must be filed with FDOT thirty (30) days prior to the event date. Please contact call 305-654-7163 to obtain the application for closing or use of state roads. The applicant may be required to contact residents or businesses along the closure route and have them sign a petition. Local roads will be closed with City Manager approva.l *(Ord. 17 – 20).*

13. Will you be securing your event with fencing? Yes ✓ No_____

14. Will you need trash removal? Yes ✓ No_____

- If yes, how many dumpsters? _____ How many pick ups? _____

Note: ***Hiring of City services for trash removal is required.***

15. Are you requesting use of the City's Showmobile? Yes ✓ No_____

Use of Showmobile will require a non-waivable fee to cover cost of set up and breakdown. This fee cannot be waived.

16. Will you require temporary electrical work? Yes ✓ No_____

- If yes, please provide electricians name: City of North Miami

- Business Name: _____ Phone: _____

(Note: The electrician you hire needs to apply for a permit through the City of North Miami.)

17. Will you be erecting the any of the following?

	Yes	No	How Many	Size / Dimension
Tent	✓		30	
Ticket Booth		✓		
Staging	✓		1	
Dance Floor		✓		
Other Temporary Structure	✓		30	

Note: Tent permits are required for tents larger than 10' x 10'.

(Please include these items on your site map and provide the City a detailed floor plan for the event.)

18. Will your event include any of the following?

_____ Fireworks _____ Games for children _____ Mechanical / Amusement Rides

- If yes, please provide a detailed description:_____

_____

_____

- Company Name: _____
- Insurance Carrier: _____

Agents Name:_____ Phone:_____

Note: All amusement rides must be approved by the state. All carnival, amusement or carnival type events shall provide the required insurance policy or policies as stipulates by the City of North Miami and must get proper permits from the City's Building and Zoning department.

19. Will music be played? Yes ✓ No_____ If yes, what type?

- Name of Sound Company: DJ

Address: _____ Phone:_____

(Foul language, offensive materials, strippers, erotic dancers or lewd or lascivious behavior is PROHIBITED.)

SAFETY

20. List the beverages to be served: water

(Note: Beverages must be dispensed in soft containers. No glass containers or cans allowed.)

21. Will alcohol be served? Yes___ No ✓ If yes, what type:_____

_____

Sale and/or distribution of alcoholic beverages including beer and wine must be approved by the City Council. Upon approval, the organization must apply for a temporary liquor license from the State of Florida, Division of Alcoholic Beverages and Tobacco under Florida Statute 561.42. Contact the County office at 305.470.6783 for instructions on obtaining this License.

22. Will Food be served? Yes ✓ No ____ If yes, what type? Granola Bars.

_____

Please note: Sanitary and food facilities shall be provided by the Licensee in accordance with applicable laws and regulations of the Department of Business and Professional Regulation (Form DBPR HR-7029, Division of Hotels and Restaurant Application for Temporary Event Vendor License). Licensee agrees to ensure that any and all grease remaining after the event by food vendors shall be properly disposed of in accordance with any applicable standards. In the event Licensee fails to properly dispose of the grease, the City will charge Licensee for the cost incurred by the City to do so.

CONCESSIONAIRE RIGHTS: Licensee shall have exclusive concessionaire rights within the permitted area.

23. You are required to hire City of North Miami police for your event.

The police Department determines how to staff the event with off-duty officers for crowd, traffic or other public safety concerns. The police department will inform you of the number of officers needed. Staffing is larger for events that serve alcohol and/or close roadways. Any event at a City facility that runs after 11:00 p.m. will require police. PLEASE CALL 305-891-0294 for more information on off-duty officers.

24. You may be required to hire EMS to be on-site at your event. The City of North Miami Special Events Supervisor will advise you accordingly.

RISK MANAGEMENT

Prior to the commencement of any event, the City of North Miami requires organizers of the special event to provide the City with a valid certificate of insurance showing:

General Liability Insurance:	$1,000,000 minimum combined single limit for bodily injury and property damage.
Liquor Liability Insurance:	$1,000,000 minimum limit, if alcoholic beverages are being served or sold at the event.
Workers' Compensation	Statutory coverage.
Employers' Liability:	$500,000 / accident / disease / policy limit.

Proof of workers' compensation coverage is required from employers with four (4) or more employees.

- All Certificates of Insurance shall include a description of the special event, event location and event date(s).
- All liability policies shall be issued by an **"A" rated** or better insurance carrier, endorsed by A & M Best and authorized to transact business in the State of Florida.
- **The City of North Miami must be named additional insured on all liability policies.**
- The issuing insurer shall endeavor to notify the City of any policy cancellation by mailing 10 days written notice to the City prior to issuance of a cancellation notice.
- All special event organizers shall indemnify and save the City harmless from any and all claims, suits, actions, damages or causes of action arising as a result of the special event.

Sign here to verify you have read the entire event application and conditions.

Jude Metellus
Print Name

Signature

9/17/2012
Date

Please return the completed application and detailed description of the event on your organizations letterhead and site map to:

North Miami Parks and Recreation Department
12300 NE 125 Street,
North Miami, FL 33161
Attn: Special Events Division

Please note
Forms 1 - 4 are mandatory upon submission of application.

Forms Required Checklist

1. ___ *Proof of Organization Identification-from the State of Florida*
2. ___ *Detailed Description of Event (1 page)on business/organization letterhead.*
3. ___ *Proof of Insurance or quote for special event insurance.*
4. ___ *Layout map-must be computerized (not handwritten)*
5. ___ Tent Permit (required for any tents larger than 10 x 10) application in the Building & Zoning Dept.
6. ___ Map of cross streets and road closures.
7. ___ Proof of liquor license (if serving alcohol) – this requires city council approval
8. ___ Proof or Worker's Compensation (for organizations with 4 or more employees)

Aar 7/26/2012
Special events form 2012 version

IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248674151
July 07, 2011 LTR 4168C E0
16-1698094 000000 00
00018953
BODC: TE

HAITIAN DIASPORA ORGANIZATION INC
% FRANCOIS METELLUS
900 NE 125TH ST STE 217
NORTH MIAMI FL 33161-5745

0912

Employer Identification Number: 16-1698094
Person to Contact: MS. HANK
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your June 27, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(03) of the Internal Revenue Code in a determination letter issued in NOVEMBER 2006.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

00059

FLORIDA DEPARTMENT OF REVENUE

Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
12/03/10

Certificate Number	Effective Date	Expiration Date	Exemption Category
85-8015510539C-8	11/10/2010	11/30/2015	501(C)(3) ORGANIZATION

This certifies that

HAITIAN DIASPORA ORGANIZATION INC
900 NE 125TH ST STE 217
NORTH MIAMI FL 33161-5745

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.

FLORIDA DEPARTMENT OF REVENUE

Important Information for Exempt Organizations

DR-14
R. 04/05

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 (FAC).

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 by your organization 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, FAC).

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 necessitate the revocation of this certificate.

6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/14/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 305-233-0858 305-235-8606
ALL AMERICAN INSURANCE ASSOCIATES
9036 SW 152ND STREET
MIAMI FL, 33157

CONTACT NAME: KINO MCGREGOR
PHONE (A/C, No, Ext): 305-233-0858 FAX (A/C, No): 305-235-8606
E-MAIL ADDRESS:
PRODUCER CUSTOMER ID #:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Scottsdale Insurance	41297
INSURER B: Progressive Express	10193
INSURER C: Bridgefield Insurance Company	011812
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
HAITIAN DIASPORA ORGANIZATION, INC.
75 NW 167th STREET, SUITE # 3
NORTH MIAMI BEACH, FL 33169

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY ✓ COMMERCIAL GENERAL LIABILITY CLAIMS-MADE ✓ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ✓ POLICY PRO-JECT LOC	X		CPS1307583	02/15/12	02/15/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 1,000,000 $
B	AUTOMOBILE LIABILITY ANY AUTO ✓ ALL OWNED AUTOS ✓ SCHEDULED AUTOS ✓ HIRED AUTOS ✓ NON-OWNED AUTOS	X		04337897-1	02/15/12	02/15/13	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $ $
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DEDUCTIBLE RETENTION $						EACH OCCURRENCE AGGREGATE	$ $ $ $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		05210980420000	02/15/12	02/15/13	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 100,000 $ 500,000 $ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

MIAMI-DADE COUNTY PUBLIC SCHOOL BOARD
c/o NORTH MIAMI PARKS & RECREATIONS

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
KINO MCGREGOR
Kino MacGregor

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IRS Department of the Treasury
Internal Revenue Service
P.O. Box 2508
Cincinnati OH 45201

In reply refer to: 0248674151
July 07, 2011 LTR 4168C E0
16-1698094 000000 00
00018953
BODC: TE

HAITIAN DIASPORA ORGANIZATION INC
% FRANCOIS METELLUS
900 NE 125TH ST STE 217
NORTH MIAMI FL 33161-5745

912

Employer Identification Number: 16-1698094
Person to Contact: MS. HANK
Toll Free Telephone Number: 1-877-829-5500

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Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

00059

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Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 04/05
12/03/10

85-8015510539C-8	11/10/2010	11/30/2015	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

HAITIAN DIASPORA ORGANIZATION INC
900 NE 125TH ST STE 217
NORTH MIAMI FL 33161-5745

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Important Information for Exempt Organizations

DR-14
R. 04/05

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6. If you have questions regarding your exemption certificate, please contact the Exemption Unit of Central Registration at 850-487-4130. The mailing address is PO BOX 6480, Tallahassee, FL 32314-6480.

10/09/2012

To Whom This May Concern:

Haitian Diaspora Organization, herein referred to as HDO Community Center, is a 501c3, nonprofit, and social service community agency serving the Haitian Community since April, 2004. We have embarked on this journey to help improve the general stability and wellness of our community. Many people will benefit from our work especially the children and the elderly as they are most at risk, and they make up the largest number of clients we serve. The mission of Haitian Diaspora Organization [HDO Community Center] is to promote dialogue and respect among all cultures, religions, and races. HDO Community Center is a not-for-profit, philanthropic, and social service agency in South Florida. We work with individuals, groups, and organizations to create an inclusive society strengthened and empowered by its diversity. HDO Community Center aims at providing social aid services & support to all minority group members of our community.

CERTIFICATION

HDO Community Center is not organized for the private gain of any person. It is organized under the Nonprofit Religious Corporation Law exclusively for religious purposes. The purposes for which the Corporation is organized are:

A. To perform charitable, religious, educational & scientific activities, and purchase of real estate under Section 501 (c) (3) of the Internal Revenue Code, (or the corresponding section of any future Federal Code) as now enacted or hereafter amended. All funds, whether income or principal, and whether acquired by gift or contribution or otherwise, shall be devoted to said purposes. Specifically The objects and purposes of the Corporation are as follows:
   1) To promote, aid, support, and encourage minority groups in the community and abroad.
   2) To provide counseling, teenage counseling, ESOL/ESE preparatory services for newcomers in the US, shelter, food, civil education, tutoring center, transportation, accommodations, educational assistance for all, job searching and referral clothes and furniture aid, translation humanitarian aid to those countries who will need it, and working along-side the Church and all other Community Groups and leaders to start helping in making a difference.
   3) To purchase, exchange and own such real and personal property as may be necessary and convenient in carrying out the objects and purposes of the Corporation.
   4) To receive donations, bequests and devices, and to manage, take and hold real and personal property so received for the benefit of the Corporation and for the purposes herein set forth.
   5) To apply, use, and devote all income and property of the Corporation solely to the carrying out of the foregoing purposes, in pursuance of which, surplus funds may be used for the creation, protection, preservation and / or enlargement of any of the corporate facilities created for the carrying out of such objects and purposes.

6) To borrow monies or pledge securities of the Corporation therefore, for the furtherance and carrying out of the aforesaid objects and purposes of the Corporation.

This organization certifies that it does not discriminate by race, color, national origin, sexual preference, gender, religion, age, or disability in employment, programs, memberships and/or services. This organization further certifies that it is not affiliated with any political parties or action committee, and that the requested Reduced Time Block, fee waiver, grant or use of City-owned facilities and services will not be used to support any candidate or political issue.

I declare under penalty of perjury that the foregoing is true and correct. Dated this Tuesday, October 09, 2012

Jude Metellus, MHT, BASW
Chief Executive Director