

Sanchez, Rodzandra (COE)

From: Diaz-Greco, Gilma M. (COE)
Sent: Tuesday, May 01, 2018 10:53 AM
To: Sanchez, Rodzandra (COE)
Subject: Rebeca Sosa, Miami-Dade County Commissioner (DIST 6) (Voting Conflict re: Item 180847) INQ 18-108
Attachments: 180847.pdf

INQ 18-108 Sosa

From: Centorino, Joseph (COE)
Sent: Monday, April 30, 2018 4:52 PM
To: Fernandez, Alejandro J. (DIST6) <Alejandro.Fernandez2@miamidade.gov>
Cc: Turay, Radia (COE) <Radia.Turay@miamidade.gov>; Diaz-Greco, Gilma M. (COE) <Gilma.Diaz-Greco@miamidade.gov>; Perez, Martha D. (COE) <Martha.Perez2@miamidade.gov>; Sanchez, Gerald (CAO) <Gerald.Sanchez@miamidade.gov>; Kirtley, Eddie (CAO) <Eddie.Kirtley@miamidade.gov>
Subject: INQ 18-108 Rebeca Sosa, Miami-Dade County Commissioner (DIST 6) (Voting Conflict re: Item 180847)

Mr. Fernandez:

You inquired on behalf of Miami-Dade County Commissioner Rebeca Sosa (DIST 6) regarding whether, pursuant to Section 2-11.1(d) of the County Ethics Code, she may participate and vote on Item 180847, which is coming before the Board of County Commissioners at its May 1, 2018 meeting. This item involves a Resolution relating to grant funding for the 2018 Miami-Dade County Youth Summer Job Program. The item would authorize the County Mayor, among other things, to enter into an agreement between Miami-Dade County and The Children's Trust to receive \$1.5 Million in grant funds from the Trust for the program, as well as among Miami-Dade County, the School Board of Miami-Dade County (MDCPS) and the Foundation for New Education Initiatives, Inc. (Foundation), a direct support organization to MDCPS, to grant up to \$2,556,625 to the Foundation for the program, to fund the Summer Youth Internship Program (SYIP). This is a collaborative effort, which includes MDCPS and its direct support organization, in providing funding for this summer youth program.

The question arises due to Commissioner Sosa's full-time position with MDCPS as curriculum/program facilitator for services related to the countywide South Florida Workforce one-stop delivery system at Lindsey-Hopkins Technical Education Center. My review of the item does not indicate that Commissioner Sosa's position or Lindsey-Hopkins would be measurably affected by this summer youth program. Although MDCPS and its direct support organization are involved in the program, we have found in previous opinions provided to Commissioner Sosa that she is not automatically prohibited from voting on a matter that involves MDCPS since it is a governmental organization. Unless her position at Lindsey-Hopkins would somehow be affected by the program, there is no basis to conclude that she would or might, directly or indirectly, profit or be enhanced by the vote, which is the broadest and most inclusive criterion in the County Code for determining a voting conflict. It is my understanding that Commissioner Sosa has no personal involvement in the Summer Youth Internship Program.

Based on my review of the Resolution, I see no likelihood that there would be a personal impact on her or on her position. Therefore, it is my opinion that she may vote and participate on the item when it comes before the BCC.

Sincerely,

Joe Centorino

Joseph M. Centorino

Executive Director and General Counsel
Miami-Dade Commission on Ethics and Public Trust
19 W. Flagler Street, Suite 820
Miami, FL 33130
Tel: (305) 579-2594
Fax: (305) 579-0273
ethics@miamidade.gov



From: Fernandez, Alejandro J. (DIST6)
Sent: Monday, April 30, 2018 12:25 PM
To: Centorino, Joseph (COE) <Joseph.Centorino@miamidade.gov>
Cc: Castro, Vivian (DIST6) <Vivian.Castro@miamidade.gov>
Subject: Conflict of Interest Opinion for Items 180847 on the May 1, 2018, BCC meeting agenda

Good afternoon, Mr. Centorino:

Commissioner Sosa is respectfully requesting your opinion regarding the following item pertaining to a grant for the Summer Youth Internship Program that involves the Miami-Dade County Public Schools. The item is scheduled to be heard at the Board of County Commissioners' meeting occurring tomorrow, Tuesday, May 1st, 2018. For your convenience, please leave the item which I have also attached to this email.

9A1

[180847](#)

Resolution

Xavier L. Suarez, Prime Sponsor
Daniella Levine Cava, Co-Sponsor
Jose "Pepe" Diaz, Co-Sponsor
Sally A. Heyman, Co-Sponsor
Barbara J. Jordan, Co-Sponsor
Sen. Javier D. Souto, Co-Sponsor

RESOLUTION RELATING TO GRANT FUNDING FOR THE 2018 MIAMI-DADE COUNTY YOUTH SUMMER JOB PROGRAM; AUTHORIZING THE COUNTY MAYOR OR COUNTY MAYOR'S DESIGNEE TO RECEIVE \$1,500,000.00 IN GRANT FUNDS FROM THE CHILDREN'S TRUST FOR THE PROGRAM; AUTHORIZING A GRANT TO THE FOUNDATION FOR NEW EDUCATION INITIATIVES, INC., A DIRECT SUPPORT ORGANIZATION TO MIAMI-DADE COUNTY PUBLIC SCHOOLS, OF \$2,556,625.00, INCLUSIVE OF THE \$1,500,000.00 FROM THE CHILDREN'S TRUST AND \$1,056,625.00 IN COUNTY FUNDING, FOR THE SUMMER YOUTH INTERNSHIP PROGRAM (Juvenile Services Department)

Thank you,
Alex J. Fernandez

ALEX J. FERNÁNDEZ
Senior Communications Aide & Legislative Assistant
Commissioner Rebeca Sosa, District 6
Miami-Dade County
111 NW 1st Street, Suite 220
Miami, Florida 33128
305.375.5696
alexjandrea@miamidade.gov

MEMORANDUM		Agenda Item No. (A/C/E)
TO:	Honorable Chairman Esteban L. Bero, Jr. and Members, Board of County Commissioners	DATE: May 1, 2018
FROM:	Alfred Prieto-Williams County Attorney	SUBJECT: Resolution relating to grant funding for the 2018 Miami-Dade County Youth Summer Job Program, authorizing the County Mayor to receive \$1,500,000.00 in grant funds from The Children's Trust for the program, authorizing a grant to the Foundation for New Education Initiatives, Inc., a direct support organization to Miami-Dade County Public Schools, of \$2,556,625.00, inclusive of the \$1,500,000.00 from The Children's Trust and \$1,056,625.00 in County funding, for the Summer Youth Internship Program.

The accompanying resolution was prepared by the Juvenile Services Department and placed on the agenda at the request of Police Officer Commissioner Xavier L. Suarez and Co-Sponsors Daniella Levine Cava, Commissioner Jose "Pepe" Diaz, Commissioner Sally A. Heyman, Commissioner Barbara J. Jordan, and Senator Javier D. Souto.

APR/28/18
County Attorney

Memorandum	
Date:	May 1, 2018
To:	Honorable Esteban L. Bero, Jr. and Members, Board of County Commissioners
From:	Carlos A. Guevara Mayor
Subject:	Resolution Approving Grant Funding for the County's 2018 Youth Summer Job Program (Item 9A1) from the Children's Trust and the Foundation for New Education Initiatives, Inc.
RECOMMENDATION:	It is recommended that the Board of County Commissioners (Board) approve the attached Resolution relating to grant funding for the 2018 Miami-Dade County Youth Summer Job Program (Program). Additionally, it is further recommended that the Board authorize the County Mayor or County Mayor's designee to enter into an agreement between: (1) Miami-Dade County and The Children's Trust (The Trust) to receive \$1,500,000.00 in grant funds from The Trust for the Program (GRANT A); and (2) Miami-Dade County, the School Board of Miami-Dade County, MDCPS and the Foundation for New Education Initiatives, Inc. (Foundation), a direct support organization to MDCPS, to grant up to \$2,556,625.00 for the Program, which will fund the Summer Youth Internship Program (SYIP) (GRANT B). It is also recommended that the Board authorize the County Mayor or County Mayor's designee to execute grant agreements, other related agreements, and documents as well as amendments, extensions, and renewals of such agreements and documents to implement the program, and to execute, terminate, modify, and other provisions as both parties, it is further recommended that the Board authorize the County Mayor or County Mayor's designee to supply as well as receive grant funding for the 2018 Miami-Dade County Youth Summer Job Program.
NOTE:	The Board is Miami-Dade County for the provision of these services to countywide.
FISCAL IMPACT/ENDING SOURCE:	The impact to Miami-Dade County for the provision of these services is \$1,056,625.00 from the general fund. Additionally, the Trust will provide \$1,500,000.00 in grant funds to Miami-Dade County. MDCPS and the Foundation shall operate the SYIP and provide in-kind program services and support.
LEGAL COORDINATION:	MDCPS and the Foundation shall report performance and compensation information to the County. All reports will be subject to review by the Office of Management and Budget Assistant Director David Wallace (Email: dwallace@mi-dade.net).
BACKGROUND:	In July 2017, Miami-Dade County launched the Youth Summer Job Program, which employed approximately 300 youth. In an effort to expand the reach of the Youth Summer Job Program to more participants, in the summer of 2018, the County collaborated with The Trust, MDCPS, and the Foundation and launched the Summer Youth Internship Program (SYIP). The SYIP provides

Honorable Chairman Esteban L. Bero, Jr.
and Members, Board of County Commissioners
Page No. 2

educational, work experience, and training opportunities through paid internships to youth between the ages of 16 and 18, including youth with disabilities and youth participating in the program. In 2017, the SYIP's inaugural year was extremely successful. 13 percent of the 1,463 participating youth were youth with disabilities. 127 employers participated in the SYIP. 97 percent of the youth reported that they were satisfied with the SYIP. 98 percent of the youth who participated in the SYIP at least once were able to find a full-time or part-time job. 100 percent of the youth who completed the SYIP earned high school credit.

In 2017, the authorization was prepared to also include the South Florida Workforce Investment Board on funding aspects of the SYIP. During the second year of the SYIP, 2,179 youth applied to participate in the program and, with funding from all contributing partners, 1,827 youth completed the program. This number far exceeded the County's maximum goal of 1,000 participants. In the second year, 150 employers participated in the SYIP. 98 percent of employers and 99 percent of youth reported they were satisfied with the SYIP. 94 percent of the youth who participated completed the SYIP.

The SYIP continues to continue providing diverse internship placement opportunities through the recruitment of a wide array of employers across Miami-Dade County during the summer of 2018. In addition to the County, The Trust, and South Florida Workforce Investment Board, the list of funders for the 2018 SYIP also includes Royal Caribbean, Ltd. and JP Morgan Chase.

During the summer of 2018, the SYIP intends to enroll a minimum of 2,500 participants through Miami-Dade County Public Schools. Reasonable efforts will be made to enroll no more than 100 students from each metropolitan district and no student enrolled. SYIP participants will receive a stipend of \$1,217.20. They will also be eligible to receive a transportation stipend of \$100.00 within the first week of the internship to cover transportation and other incidental expenses. Additionally, in an effort to reach the most vulnerable students, the County has provided a minimum of 40 percent of its funding to support internship placements of students who receive free and reduced price meals.

Youth are required to report to their internship assignment 30 hours per week for five (5) weeks. They will earn high school career credits and be given the opportunity to earn college credits. Significantly, through the SYIP will be required to complete a course related to the participants at the South Florida Educational Talent Search (SETS). The SYIP requires all participants to have voluntary academic achievement. The Foundation will cover the cost of insurance for the participants that do not have voluntary accident insurance by the end of the 2017-18 school year. The cost of the insurance is \$1,000 per youth and covers school transportation, including summer programs.

MDCPS will provide one Program Administrator, an on-liaison employee, to coordinate, assist with outreach efforts, and coordination and recruitment of the SYIP. The SYIP will hire two independent contractors to assist as SYIP Program Administrators who will oversee the program's day-to-day operations. The SYIP will also hire approximately 28 certified teachers as independent contractors to serve as Instructional Supervisors to guide the participants throughout the summer and provide academic assessments related to their job experience. The Instructional Supervisors will also serve as liaisons between the administrators of the SYIP and the employers. There will be approximately 10 additional Instructional Supervisors to work with youth with disabilities. The SYIP may also hire two Program

Attached Exhibits A & B

M.C.B.
Mayor Carlos Guevara
Deputy Mayor

Compliance Requirement	Program Specific Detail	Example
	<p>applicable for the Contractor to provide the information requested (as determined) in the Policy Information and/or the Contractor's Request for Proposal (RFP) and the Contractor's Request for Proposal (RFP) and the Contractor's Request for Proposal (RFP).</p> <p>The Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p> <p>The Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p>	<p>the Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p> <p>The Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p>
(b) Budget on Actual Information	<p>The Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p> <p>The Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p>	<p>the Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p> <p>The Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p>
(c) Allowable to include any other project that is not approved by the Board of the Contractor's Board of Directors	<p>The Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p> <p>The Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p>	<p>the Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p> <p>The Contractor shall not work on any other project that is not approved by the Board of the Contractor's Board of Directors.</p>

[illegible][illegible][illegible]

Compliance Requirement	Program-Specific Issue/Action	Example
	The first meeting of the period should be within:	B. 30 days of the date the Auditor disclosed in Section 4 of the Contract
		1. Auditor should consult the client's management to determine if any of the following conditions exist: a. Significant changes in the nature of the company's business or its environment have taken place; b. Other
		2. Define jointly (signature) a new description in Section 4 of the Contract
		3. Auditor should inform senior management and/or understand the company's risk profile and business strategy
		4. Subcontractor requirements if applicable
		5. Auditor should obtain and review the company's financial statements and management's discussion and analysis, the company's internal control system, and the company's risk management system
		6. Nothing new
		7. In some cases it might be necessary to include in Section 4
		C. Total Working of the Contract . States that the auditor will not be held responsible for the company's management's representation that the company's financial statements are prepared in accordance with the applicable financial reporting framework
The requirement should state that the audit opinion is based on the audit evidence obtained and that the audit opinion is based on the audit evidence obtained and that the audit opinion is based on the audit evidence obtained		
1. Nothing should generally be included in the contract. The auditor should be responsible for the audit opinion and the audit opinion should be based on the audit evidence obtained and that the audit opinion is based on the audit evidence obtained		

[illegible][illegible]

ATTACHMENT 2

The Children's Trust

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____ the parent or _____ family authority and give consent to service providers and the staff of The Children's Trust of Miami-Dade County to follow:

☐ I hereby:

☐ consent and authorize ☐ do not consent and authorize

the staff of the Children's Trust of Miami-Dade County to take/obtain all photographs, digital photographs, motion picture television transmissions, videotaped recordings, (hereinafter "Recordings") of me, my children, or in my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian _____ Signature of Witness _____

Date _____ Date _____

Any and all Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of the Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby warrant that all persons and items shown may not have been against The Children's Trust of Miami-Dade County to staff, service providers, employees, agents, affiliates and third parties.

3101 NW 12th Ave., Suite A Miami, FL 33135
(305) 476-2144 or (305) 484-2228
WWW.CHILDRENS-TRUST.MIAMI-DADE.FL.GOV

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[illegible][illegible][illegible]

ATTACHMENT E-4
BACKGROUND SCREENING & PERSONNEL FILE REQUIREMENTS
Place in envelope and submit to Human Resources Department
Activity address: 400-311, 402-311 and 402-315, Florida State House, Tallahassee, FL 32304-0001

Name of Employer: _____
Name of Facility: _____

Position Title: _____
Date of Birth: _____
Employment Date: _____

Reason for Screening: _____
Type of Screening: _____
Screening Results: _____

SCREENING DOCUMENTATION
All units are personnel are required to be screened by the County of Miami-Dade, Florida, in order to be eligible for employment and to be employed.

Letter from Employer
Date: _____
Date completed: _____

5 Year No-conviction
Date: _____
Date completed: _____

OTHER REQUIREMENTS
Date: _____
Date completed: _____

Other Requirements: _____
Name of Agency/Department: _____
Leave of Absence Documentation (if applicable): _____

Page 1 of 1

ATTACHMENT F
PERFORMANCE EVALUATION, PARENTAL

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

What, if any, help does your child receive at the time? (Mark all that apply)

☐ Behavioral therapy or services
☐ Counseling for emotional concerns
☐ Daily medication (not including vitamins)
☐ Occupational therapy (OT)
☐ None of the above

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

☐ Attention spectrum disorder
☐ Developmental delay (only if under age 5)
☐ Intellectual/developmental disability (over age 5)
☐ Hearing impairment or deaf
☐ Learning disability (school age)
☐ Medical condition or illness
☐ None of the above

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

☐ Physical disability or impairment
☐ Problems with aggression or temper
☐ Problems with attention and hyperactivity (ADHD)
☐ Problems with depression or anxiety
☐ Speech or language condition
☐ Visual impairment or blind
☐ None of the above

Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? ☐ Yes ☐ No

To support your child's successful participation in this program, in what areas might the need arise? ☐ None of the above ☐ Academic, learning or reading activities ☐ Adapting activities to take into account a visual or hearing impairment ☐ Using assistive devices (like a wheelchair, crutches, braces or walker) ☐ Personalization like help with feeding, talking or changing clothes ☐ Other _____

Please tell us anything else you think it is important for us to know about your child:

Signature of Parent or Guardian _____ **Signature of Witness** _____

Date: _____ Date: _____

Page 1 of 1

ATTACHMENT G
PHOTOGRAPHY VIDEO

Authorization for Photography/Video

I, _____, the parent or guardian of _____, do hereby authorize the staff of The Children's Trust of Miami-Dade County to take photographs, digital photographs, motion pictures, television transmissions, audio recordings, and other electronic media of my child, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian _____ **Signature of Witness** _____

Date: _____ Date: _____

Page 1 of 1

ATTACHMENT H
CHILD INFORMATION FORM

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT I
REPORTING DATA

REPORTING DATA

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT J
REPORTING DATA

REPORTING DATA

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT K
REPORTING DATA

REPORTING DATA

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT L
CHILD ABUSE & NEGLECT REPORTING REQUIREMENTS

Child Abuse & Neglect Reporting Requirements

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT M
CHILD INFORMATION FORM

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT N
REPORTING DATA

REPORTING DATA

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT O
REPORTING DATA

REPORTING DATA

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT P
CHILD INFORMATION FORM

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT Q
REPORTING DATA

REPORTING DATA

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT R
REPORTING DATA

REPORTING DATA

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1

ATTACHMENT S
REPORTING DATA

REPORTING DATA

Child's Last Name: _____
Child's First Name: _____
Child's Date of Birth: _____
Child's Gender: _____

Parent's Name: _____
Parent's Address: _____
Parent's City: _____
Parent's State: _____
Parent's Zip: _____

Parent's Phone: _____
Parent's Email: _____

Parent's Signature: _____
Date: _____

Page 1 of 1