



Interoffice Memorandum

AGENDA ITEM

APPROVED BY ORANGE
COUNTY BOARD OF COUNTY
COMMISSIONERS

BCC Mtg. Date: Jun. 28, 2016

June 9, 2016

TO: Mayor Teresa Jacobs
-AND-
Board of County Commissioners

FROM: Christopher Hunter, M.D., Ph.D., Director
Health Services Department
Contact: (407) 836-7611

A handwritten signature in black ink, appearing to read "CH", positioned to the right of the "FROM:" field.

SUBJECT: Paratransit Services License
Florida Global Transportation, Inc.
Consent Agenda – June 28, 2016

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Florida Global Transportation, Inc. Florida Global Transportation, Inc. has submitted the attached application requesting approval of a Paratransit Services License to provide wheelchair/stretchers service within Orange County.

The EMS Office of the Medical Director has determined that all requirements have been met by Florida Global Transportation, Inc. as contained in Orange County Ordinance 2001-09. The public notice has been posted for this request and no objection has been received.

ACTION REQUESTED: Approval and execution of the Paratransit Services License for Florida Global Transportation, Inc. to provide wheelchair/stretchers service. The term of this license is from July 1, 2016 through July 1, 2018. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

Cc: George Ralls, M.D., Deputy County Administrator



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: 5/17/2016
 PROPOSED DATE OPERATIONS WILL BEGIN: 5/30/2016

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Florida Global Transportation, Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):
2716 N fursyth rd #13 Winter Park, FL 32792
Orange County.

3. CONTACT INFORMATION: Business Phone 321-286-5347
 Mobile Phone 786-426-2475
 Email fgttransportation@hotmail.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
 a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
<u>Elizabeth Sanchez</u>	<u>13135 NW 7 st. miami, FL 33182</u>	<u>OWNER</u>

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH

7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER
 a. If other, please describe: GPS tracking system.

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: 5/17/2016 NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

If not completed at the time of application, payment of fees and vehicle inspection by the EMS Office must be completed prior to commencing operations. Failure to do so may result in revocation of license.

3. REFERENCES/LETTERS OF SUPPORT SUBMITTED TO EMS OFFICE (Attachment I):

- Business or work references for 5 years, including one letter of reference
- Five personal references, including one letter of reference
- Five credit references, including one letter of reference

4. FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: 5/23/2016 NO

Example: Current letter from bank verifying business account status (no account numbers please).

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 5/17/2016 NO

If insurance coverage has not been obtained at the time of application the provider must obtain insurance coverage and provide certificates of insurance coverage to the county prior to commencing operations. Failure to do so may result in revocation of license.

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 10

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>SEE ATTACHED</u>		

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.

The American Green Grass Inc (6/2012) to (12/15)
Hialeach Foot Center (5/2001) to (5/2010)

2. List five personal or business references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Erick Castillo	1655 W 44 th Pl # 317, Hialeach, FL	786-366-4130
Holly Eber	2910 W Lake Vista Cir, Doral, FL	954-558-5770
Julietta Perez	15651 SW 26 th St, Miami, FL	305-225-4277
Alber Salis	2510 NW 49 th Ave # 232, Miami, FL	305-470-6033
Natacha Cruz	3160 SW 162 Park, Miami, FL	786-252-6366

3. List five credit references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Everything Automotive Joanna Soto	2931 Forsyth rd. Winter Park, FL	407-344-7448
Sgn brewery Yolanda Daniel	2555 N Forsyth rd. Winter Park, FL	407-636-4100
Canal management Beda Gonzalez	2721 N Forsyth rd. Winter Park, FL	407-647-4888
Accounting 2 easy Solange Reyes	2560 NW 79 th Ave # 225 Doral, FL	786-487-1398
Mobility works Joe Riley	1090 West Wilbeth rd. Akron, FL	954-448-4322



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and the State of Florida. I acknowledge that as provided in Orange County Code of Ordinances Chapter 20, Division 3, Section 20-137, licenses obtained by an application in which any material fact was intentionally omitted or falsely stated are subject to revocation.

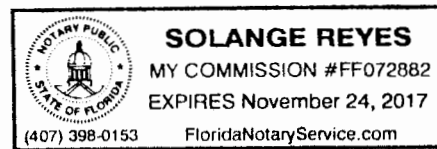
SIGNATURE OF APPLICANT OR REPRESENTATIVE

5-10-2016

DATE

NOTARY SEAL

NOTARY SIGNATURE



5-10-2016

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that **FLORIDA GLOBAL TRANSPORTATION, INC.**
has complied with the Orange County Code 2001-9 and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service
in Orange County.

Date of Issue: July 1, 2016

Date of Expiration: July 1, 2018

40-18 (7/14)

A. D. Dalehandani

Mayor, Board of County Commissioners

