



Interoffice Memorandum

AGENDA ITEM

February 20, 2020

TO: Mayor Jerry L. Demings  
-AND-  
Board of County Commissioners

THRU: Yolanda G. Martinez, EdPhD., PhD., Director  
Health Services Department

FROM: Christian C. Zuver, M.D., Medical Director  
EMS Office of the Medical Director  
**Contact: (407) 836-7611**

SUBJECT: Paratransit Services License  
Global-Aid Transportation LLC  
**Consent Agenda – March 10, 2020**

A handwritten signature in black ink, appearing to be "CCZ", written over the "FROM" field of the memorandum.

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Global-Aid Transportation LLC. Global-Aid Transportation LLC 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 Global-Aid Transportation LLC 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 Global-Aid Transportation LLC to provide wheelchair/stretchers service. The term of this license is from March 1, 2020 through March 1, 2022. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

APPLICATION DATE: 12/13/19

PROPOSED DATE OPERATIONS WILL BEGIN: 01/01/2020

**SECTION I: GENERAL INFORMATION**

1. NAME OF SERVICE: Global-Aid Transportation LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

2924 Norwick St, Deltona, FL, 32738  
Volusia County

3. CONTACT INFORMATION: Business Phone 386-960-4455

Mobile Phone 407-708-8793

Email Globalaidtransport@gmail.com

4. OWNERSHIP TYPE:  PRIVATE CORPORATION  GOVERNMENT AGENCY  OTHER

a. If other, please describe: Private / LLC

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Steven Jones</u>	<u>2014 Jessamine Ct, Deltona</u>	<u>CEO</u>

6. LEVEL OF SERVICE:  WHEELCHAIR  STRETCHER  BOTH

7. COMMUNICATIONS EQUIPMENT:  TELEPHONE  TWO-WAY RADIO  OTHER

a. If other, please describe: \_\_\_\_\_

**SECTION II: REQUISITES TO OBTAINING LICENSE**

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: \_\_\_\_\_  NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: \_\_\_\_\_  NO

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

- Verifiable business or work references for 5 years, including one notarized letter of reference
- Five verifiable personal/business references, including two notarized letters of reference
- Five verifiable credit references, including two notarized letters of reference

4. CURRENT NOTARIZED FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: \_\_\_\_\_  NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: \_\_\_\_\_  NO

**SECTION III: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 2 vehicles

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>Carlos Cubano</u>	<u>N</u>

## ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years.

Submission of one notarized letter of reference from list below is required.

- 2 years " Adventhealth Fish	(Priscilla Dasilva)
Memorial Hospital / EMT-P	
- 3 years " Global-Aid Transportation	
LLC / Owner	

2. List five personal or business references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Apex Pinnacle	2014 Jessamine Ct	407-524-9652
Linda Monroe	2690 Enterprise Rd, OC	800-447-7229
Dalis Driggers	2690 Enterprise Rd, OC	800-447-7229
Christina Barroso	2690 Enterprise Rd, OC	800-447-7229
Kristin Eversoll	2690 Enterprise Rd, OC	800-447-7229

3. List five credit references. Submission of two notarized letters of reference from list below is required.

NAME	ADDRESS	PHONE
Space Coast	2690 Enterprise Rd, OC	800-447-7229
V.W. Gould Agency	201 N Woodland Blvd, Deland	386-734-3970
Aircas USA	3100 Silver Star Rd, Orlando	407-293-6630
Ally Financial	P.O. Box 380901, Bloomington, MN	888-925-2559
Grasshopper	197 1st Avenue Needham, MA	(800-820-8210) 1-617-398-5700



**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.

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SIGNATURE OF APPLICANT OR REPRESENTATIVE

The date "12/13/19" handwritten in black ink, positioned above a horizontal line.

DATE



CHRIS WALLACE  
NOTARY PUBLIC  
STATE OF FLORIDA  
Comm# GG221508  
Expires 8/10/2022

NOTARY SEAL

A handwritten signature in black ink, appearing to be "Chris Wallace", written over a horizontal line.

NOTARY SIGNATURE

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that GLOBAL-AID TRANSPORTATION LLC  
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: March 1, 2020

Date of Expiration: March 1, 2022

Byron W. Barbo  
Mayor, Board of County Commissioners

