

### Interoffice Memorandum

#### **AGENDA ITEM**

July 20, 2023

TO: Mayor Jerry L. Demings

-AND-

County Commissioners

THRU: Raul Pino, MD, MPH, 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

Renewal for Community Connections Transportation, Inc.

Consent Agenda – August 8, 2023

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

The EMS Office of the Medical Director has determined that all requirements have been met by Community Connections Transportation, Inc. as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit

Services License for Community Connections Transportation, Inc. to provide wheelchair/stretcher service. The term of this license shall be rom August 8, 2023 and will terminate on August 7, 2()25. There is no cost to the County. (EMS Office of the Medical Director)

CCZ/jj

**Attachments** 



# APPLICATION FOR LICENSED ATE: 7/5/23

#### **APPLICATION DATE:**

## **SECTION I: GENERAL INFORMATION**

1.	NAME OF SERVICE: Community Connections Transportations
2.	BUSINESS ADDRESS (INCLUDE COUNTY): 3319 Maquire Blud Suite 100
3.	BUSINESS ADDRESS (INCLUDE COUNTY): 3319 Maquire Blud Suite 100  CONTACT INFORMATION: Name: Kimber Saint-Preux
	Business Phone: 1850-9000 - CCT
	Mobile Phone: 407-579-4302
	Email: Kimber, Sp @catransportations, com
4.	OWNERSHIP TYPE: MPRIVATE CORPORATION GOVERNMENT AGENCY COTHER
	a. If other, please describe:
5.	LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH
6.	PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
	YES, DATE: Expires 5/39/24 DNO
	SECTION II: VEHICLES AND STAFFING
1.	NUMBER OF VEHICLES IN OPERATION:
2.	EMPLOYEE ROSTER:
	NAME  CURRENT CPR CARD (Y/N)
	Provided to EMS Office
	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

7/5/2023

DATE:

**NOTARY SEAL** 

**NOTARY SIGNATURE** 

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Notary Public State of Florida Jennifer Jensen My Commission HH 369870 Expires 7/1/2027

# License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

	Emergency Medi	cal Services	
This is to certify that	Community Conn	ections Transporta	tion, Inc.
has complied with the Oran established by the Board of in Orange County.		2001-9 and is authorized to o	and Rules and Regulations operate a Paratransit Service
Date of Issue: August 8,	2023-	Date of Expiration:	August 7, 2025
40-18 (7/14)	A	Bywww. Mayor, Board of Co	Burks, unty Commissioners
		R A CAR	COUNTRY