




Interoffice Memorandum

AGENDA ITEM

October 26, 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
Grace NEMT
Consent Agenda – November 14, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Grace NEMT. Grace NEMT has submitted an application for an Alternative Transportation Service/Paratransit license to provide wheelchair/stretchers service within Orange County. The EMS Office of the Medical Director has determined that Grace NEMT has met the prerequisites for licensure as an alternative transportation service in accordance with Section 20-132 of the Orange County Code. Public notice of this application has been posted and EMS has not received any objections.

ACTION REQUESTED: Approval and execution of the Paratransit Services License for Grace NEMT to provide wheelchair/stretchers service. The term of this license shall be from November 14, 2023, and terminate on November 13, 2025. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/jj

Attachments

License

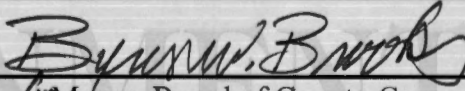
Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

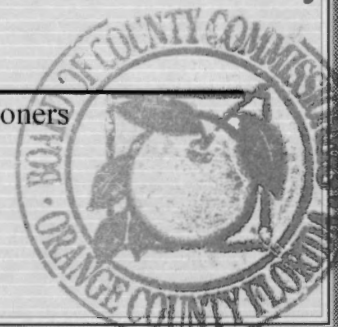
This is to certify that GRACE NEMT
has complied with the Orange County Code 2001-09 and Rules and Regulations
established by the Board of County Commissioners and is authorized to operate a Paratransit Service in
Orange County.

Date of Issue: November 14, 2023

Date of Expiration: November 13, 2025



Mayor, Board of County Commissioners





PARATRANSIT SERVICES: **RECEIVED**

APPLICATION FOR LICENSE DATE: 5/14/23
INITIALS: [Signature]

APPLICATION DATE: 5/15/2023

PROPOSED DATE OPERATIONS WILL BEGIN: _____

COPY

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Grace NEMT

2. BUSINESS ADDRESS (INCLUDE COUNTY):

2540 Good Homes rd Orlando Fl 32818

3. CONTACT INFORMATION: Business Phone 407-961-9074

Mobile Phone 407-961-9074

Email GraceNEMTFL@gmail.com

4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

<u>NAME</u>	<u>ADDRESS</u>	<u>POSITION</u>
<u>Ronald Rhynocan</u>	<u>2540 Good Homes rd Orlando Fl. 32818</u>	<u>Owner</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: 1

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
<u>Ronald Bhugnanan</u>	<u>yes</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.

Inhabit - Clermont Fl March 2022
Elite Garden - Saint Cloud Fl. March 2022
Elite Garden Rockledge - Rockledge Fl. March 2022

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

NAME	ADDRESS	PHONE
Inhabit	1635 E. Hwy 50 Clermont Fl 34711	404-680-4933
Elite Garden	4319 Neptune rd Saint Cloud Fl 1278	407-575-8652
Elite Garden	821 Georgia ave Rockledge Fl 32955	407-575-8652
Rajendra Appadu	3432 Glossy Leaf Lane. Clermont Fl 34711	407-538-2656
Aruna Singh	397 US Hwy 27 Clermont Fl. 34711	321-888-6228

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

NAME	ADDRESS	PHONE
Reflections	44 S. Park ave Winter Garden Fl. 34787	321-202-6435
GM Financial	P.O. Box 183581 Arlington, Tx 76096	800-284-2271
Duke Energy	150 Progress Energy Way Longwood Fl 32750	800-700-8744
Storage Sense	2208 Stillwater ave Apopka Fl 32703	407-703-8854
Rainbow	347 S Hwy 27 Clermont Fl. 34711	352-396-8104



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

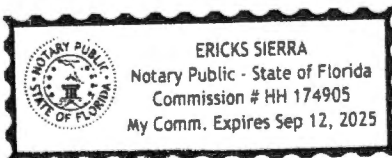
I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and 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

05-15-2023

DATE

NOTARY SEAL



NOTARY SIGNATURE