



Interoffice Memorandum

AGENDA ITEM

January 10, 2019

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

THRU: John Goodrich, Acting Director *J. Goodrich*
Health Services Department

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

SUBJECT: Paratransit Services License
Community Connection Transportation, Inc.
Consent Agenda – January 29, 2019

The EMS Office of the Medical Director requests the approval of the renewal Paratransit Services License for Community Connection Transportation, Inc. Community Connection 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 Community Connection Transportation, Inc. as contained in Orange County Ordinance 2001-09.

ACTION REQUESTED: Approval and execution of the renewal Paratransit Services License for Community Connection Transportation, Inc. to provide wheelchair/stretchers service. The term of this license is from January 31, 2019 through January 31, 2021. There is no cost to the County. **(EMS Office of the Medical Director)**

CCZ/cf

Attachments



RENEWAL PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: January 7, 2019

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Community Connection Transportation, Inc.
2. BUSINESS ADDRESS (INCLUDE COUNTY):
4950 LB McLeod Road, Orlando, FL 32811 (Orange County)
3. CONTACT INFORMATION: Name: Kimber Saint-Preux
Business Phone: 866-228-4559
Mobile Phone: 407-579-4302
Email: Kimber.sp@cctransportations.com
4. OWNERSHIP TYPE: PRIVATE CORPORATION GOVERNMENT AGENCY OTHER
a. If other, please describe: _____
5. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH
6. PROOF OF CURRENT INSURANCE SUBMITTED TO EMS OFFICE:
 YES, DATE: 1/7/2019 NO.

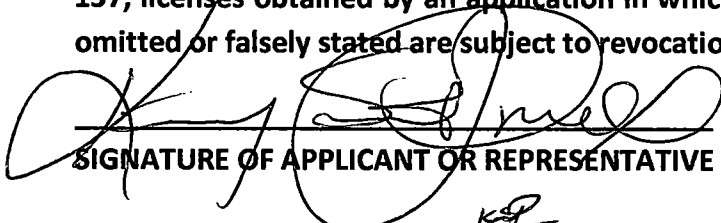
SECTION II: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 29

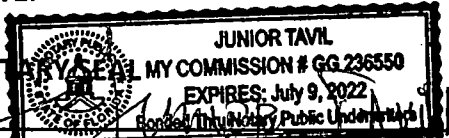
2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
See Attached	
Drivers are Not CPR certified	

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

1-7-18^{KSP}
DATE:

NOTARY SEAL

NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that COMMUNITY CONNECTION 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: January 31, 2019

Date of Expiration: January 31, 2021

Byronne Brooks
Mayor, Board of County Commissioners

