



Interoffice Memorandum

AGENDA ITEM

September 7, 2023

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

THRU: Raul Pino, MD, MPH, Director
Health Services Department

 MD. MPH.

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

SUBJECT: Paratransit Services License
A1 Non-Emergency Transportation, Inc.
Consent Agenda – September 26, 2023

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for A1 Non-Emergency Transportation, Inc. A1 Non-Emergency Transportation, Inc. 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 A1 Non-Emergency Transportation, Inc. 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 A1 Non-Emergency Transportation, Inc. to provide wheelchair/stretchers service. The term of this license shall be from September 26, 2023, and terminate on September 25, 2025. There is no cost to the County.
(EMS Office of the Medical Director)

CCZ/jj

Attachments



PARATRANSIT SERVICES RECEIVED APPLICATION FOR LICENSE DATE: 6/19/2023 INITIALS: [Signature]

APPLICATION DATE: 06/01/2023

PROPOSED DATE OPERATIONS WILL BEGIN: 07/01/2023

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: A1 Non Emergency Transportation, INC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

1851 Sparkling Water Cir Ocoee, FL 34761

3. CONTACT INFORMATION: Business Phone (305) 218-6275

Mobile Phone (305) 218-6275

Email a1netransportation@gmail.com

4. OWNERSHIP TYPE: [X] PRIVATE CORPORATION [] GOVERNMENT AGENCY [] OTHER

a. If other, please describe:

5. CORPORATE OFFICERS AND DIRECTORS:

Table with columns: NAME, ADDRESS, POSITION. Row 1: Samuel Ofori, 1851 Sparkling Water Cir Ocoee Fl, Owner

6. LEVEL OF SERVICE: [X] WHEELCHAIR [] STRETCHER [X] BOTH

7. COMMUNICATIONS EQUIPMENT: [X] 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: 06/15/2023 _____ NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: 06/14/2023 _____ NO

SECTION III: VEHICLES AND STAFFING

1. NUMBER OF VEHICLES IN OPERATION: 2 _____

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Samuel Ofori	Y
Chiriga Ofori	Y

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.

Agape's Way Agency
Miami Dade County Transit

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

NAME	ADDRESS	PHONE
Dominique Register	3207 Tradewinds Trail Orlando FL	(321) 239-7606
Christian Yeboah	8790 NW 21st Ave Miami, FL 33147	(305) 318-3663
Brenda Hartsfield	324 Red Rose Lane Sanford, FL 32771	(321) 262-9075
Eylonda Parris	455 Mayfair Cir Orlando FL Orlando, FL	(407) 558-1527
Nadia Ferdinand	7890 Jubilee Park Blvd Apt 1512 Orlando, FL 32822	(305) 922-3300

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

NAME	ADDRESS	PHONE
Jeremiah Ofori	121 Drennen Rd Orlando, FL 32806 United States	(305) 370-4002
Juliette Alvarez	2596 ENTERPRISE RD. ORANGE CITY 32763	(407) 310-9015
Louis Murphy	2551 Tropical Shores Dr SE St Pete FL 33705	(727) 415-1148
Thomas Miller	22728 enterprise rd ste 200 orange city 32763	(386) 917-9745
Akil Yisrael	22728 enterprise rd ste 200 orange city 32763	(386) 848-4608



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



6/19/2023

DATE

NOTARY SEAL

NOTARY SIGNATURE

License

Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that A1 NON EMERGENCY TRANSPORTATION, INC.
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: September 26, 2023

Date of Expiration: September 25, 2025

Brynn Burks
Mayor, Board of County Commissioners

