



## Interoffice Memorandum

## AGENDA ITEM

January 5, 2017

TO: Mayor Teresa Jacobs  
-AND-  
Board of County Commissioners

FROM: Christopher Hunter, M.D., Ph.D., Director *J. Goodrich*  
Health Services Department  
**Contact: (407) 836-7611**

SUBJECT: Paratransit Services License  
Community Connections Transportation Inc.  
**Consent Agenda – January 24, 2017**

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 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 Connections Transportation Inc. 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 Community Connections Transportation Inc. to provide wheelchair/stretchers service. The term of this license is from January 31, 2017 through January 31, 2019. There is no cost to the County. **(EMS Office of the Medical Director)**

CH/cf

Attachments

Cc: George Ralls, M.D., Deputy County Administrator

## PARATRANSIT SERVICES:

### APPLICATION FOR LICENSE

APPLICATION DATE: 11/10/16

PROPOSED DATE OPERATIONS WILL BEGIN: JANUARY 2017

#### SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Community Connections Transportation Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

4950 LB McLeod Rd, Orlando, FL 32811 - Orange  
2785 Bishop LN, Deltona FL 32725 - Volusia

3. CONTACT INFORMATION: Business Phone 407-706-9494

Mobile Phone 407-579-4302

Email Kimber.Sp@cctransportations.com

4. OWNERSHIP TYPE: ☒ PRIVATE CORPORATION ☐ GOVERNMENT AGENCY ☐ OTHER

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

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
Kimber Saint-Preux	2785 Bishop LN, Deltona	President
Randy Hunt	988 Woodcock Rd, Suite 200	Secretary
Serge Saint-Preux	2785 Bishop LN, Deltona	Treasurer

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: ~~\$590~~ OF \$200 -

☒ YES, DATE: 11/21/17 ☐ NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

☒ YES, DATE: \_\_\_\_\_ ☒ NO

If not completed at the time of application, payment of fees and vehicle inspection by the EMS Office must be completed prior to commencing operations. Failure to do so may result in revocation of license.

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

If insurance coverage has not been obtained at the time of application the provider must obtain insurance coverage and provide certificates of insurance coverage to the county prior to commencing operations. Failure to do so may result in revocation of license.

**SECTION III: VEHICLES AND STAFFING**

1. NUMBER OF VEHICLES IN OPERATION: 16

2. EMPLOYEE ROSTER:

NAME

CURRENT CPR CARD (Y/N)

See attached

## 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.

Independent Transportation Network (ITN Orlando) - 8 years
Executive Director
Community Connections Transportation (CCT) - 1 year
Owner / CEO

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

NAME	ADDRESS	PHONE
Pedro Portuando	2750 Snowgoose LN Lake Mary, FL 32746	321-279-5197
Dough Cook	1003 Kenelworth Rd Tallahassee, FL 32312	850-294-5115
Rick Baldwin *	2185 N Park Ave Winter Park, FL	407-325-7520
Robyn Derrar *	450 W Welbourne Ave Winter Park, FL 32789	407-230-7650
Kim Meadows	3811 Kyle drive St. Cloud, FL 34772	407-538-9393

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

NAME	ADDRESS	PHONE
Art of Technology Julius Threet *	1600 Ambou Dr Deltona, FL 32738	407-731-5002
MV Transportation Chris York	4950 LB McLeod Rd. Orlando, FL 32811	571-244-2236
SecuCost Bank frances Portalatin	PO Box 9012 Stuart, FL 34955-9012	407-889-7434
National Risk Management Robert Ray *	PO Box 521550, Longwood FL 32752	407-415-2528
Human Asset Consultant Dawn Colangelo	2407 Northampton Ave, Orlando FL 32828	407-375-2592

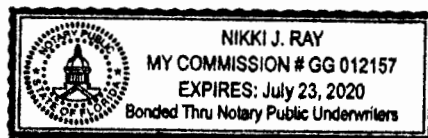
**PARATRANSIT SERVICES:**  
**APPLICATION FOR LICENSE**

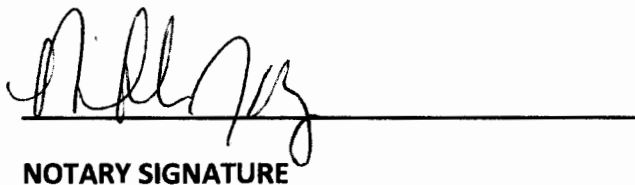
I, the undersigned representative of the service named in this application, do hereby attest the information provided in this application is truthful and honest to the best of my knowledge, and that my service meets all of the requirements for operation of a paratransit services in Orange County and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

11/16/16  
DATE

NOTARY SEAL



  
NOTARY SIGNATURE

# License Paratransit Services

Orange County  
Board of County Commissioners  
Emergency Medical Services

This is to certify that COMMUNITY CONNECTIONS 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, 2017 Date of Expiration: January 31, 2019

40-18 (7/14)

*[Signature]*  
Mayor, Board of County Commissioners

