



Interoffice Memorandum

AGENDA ITEM

July 13, 2017

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

FROM: George A. Ralls, M.D., Deputy County Administrator *J. Goodrich for*
County Administrator's Office
Contact: (407) 836-5496

SUBJECT: Paratransit Services License
Faithful Mobility Transport, LLC
Consent Agenda – August 1, 2017

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Faithful Mobility Transport, LLC. Faithful Mobility Transport, LLC 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 Faithful Mobility Transport, LLC 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 Faithful Mobility Transport, LLC to provide wheelchair/stretchers service. The term of this license is from August 1, 2017 through August 1, 2019. There is no cost to the County. **(EMS Office of the Medical Director)**

GAR/cf

Attachments



PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

APPLICATION DATE: 5/1/17

PROPOSED DATE OPERATIONS WILL BEGIN: 6/1/17

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Faithful Mobility Transport, LLC

2. BUSINESS ADDRESS (INCLUDE COUNTY):

1940 Hammock Moss Dr Orlando FL 32820
(Orange County)

3. CONTACT INFORMATION: Business Phone 407.269.3200

Mobile Phone 407 269 3200

Email rodolph124@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>
Rodolphe Francois	1940 Hammock Moss Dr Orlando FL 32820	President
Fabiola MERA	1940 Hammock Moss Dr Orlando FL 32820	Vice president

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

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: 1

2. EMPLOYEE ROSTER:

<u>NAME</u>	<u>CURRENT CPR CARD (Y/N)</u>
Jean Francas	Y
Frenel MERIA	Y
Flumer Mera	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.

Sandra Mera - Children Home Society	407.489.3757 (Fabiola)
David Vasquez - Regions Bank (305)	401 9604 (Rudy)
George Isom - Fifth Third Bank	407 568 7000 (Rudy)

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

NAME	ADDRESS	PHONE
Glen Gilzean	5915 W. Central Orlando FL 32805	727.488.5403
Khalil Stultz	2793 River Landing Dr Sanford FL 32711	954.729.4168
Falade Clade po	4900 Solara Circle Apt 2032 Sanford FL 32711	352.514.1457
Isohen Obasehin	2200 Park Lake Dr DNE Apt 614 Sanford FL 32711	301.728.4499
Henry Brown	8225 Harper's Ferry Ct FL 32837	407.404.4435

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

NAME	ADDRESS	PHONE
Gaby's Anto	2000 S. OBT Orlando FL 32805	cell 407 929 2607
* Fairwinds Credit	135 West Central Blvd Orlando FL	407 515 2480 / 277 5045
* Garzor Insurance	4248 Town Center Blvd FL 32837	321.746.2250
Robert → U.S. Bus Repair	9848 S. Orange Ave Orlando FL	407.758.4761 / 7580832
Seacoast (Mr. Perez)	129 E. Gore St Orlando FL 32806	773.876.7981

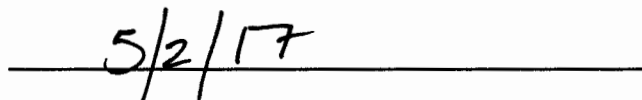


PARATRANSIT SERVICES:
APPLICATION FOR LICENSE

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.



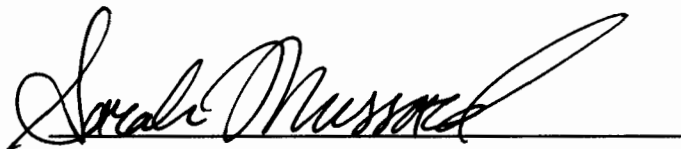
SIGNATURE OF APPLICANT OR REPRESENTATIVE



DATE

NOTARY SEAL





NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that FAITHFUL MOBILITY TRANSPORT, LLC
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: August 1, 2017 Date of Expiration: August 1, 2019

40-18 (7/14)



Mayor, Board of County Commissioners

