



Interoffice Memorandum

AGENDA ITEM

August 3, 2017

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

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

J. Goodrich
for

SUBJECT: Paratransit Services License
Comfort Ride Transportation, Inc.
Consent Agenda – August 22, 2017

The EMS Office of the Medical Director requests approval and execution of the Paratransit Services License for Comfort Ride Transportation, Inc. Comfort Ride 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 Comfort Ride 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 Comfort Ride Transportation, Inc. to provide wheelchair/stretchers service. The term of this license is from August 31, 2017 through August 31, 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: Already working in other counties.

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Comfort Ride Transportation Inc.

2. BUSINESS ADDRESS (INCLUDE COUNTY):

1718 Oak Grove Chase Dr Orlando Florida 32820

3. CONTACT INFORMATION: Business Phone 321-804-5233

Mobile Phone 407-285-7741

Email promaxed@yahoo.com

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

a. If other, please describe: _____

5. CORPORATE OFFICERS AND DIRECTORS:

NAME	ADDRESS	POSITION
Michael L. Damse	1718 Oak Grove Chase Dr. Orl FL 32820	President
Ana Damse	1718 Oak Grove Chase Dr. Orl. FL 32820	Secretary

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>
Michael L. Damse / Not a driver	N
Ana Damse	Y
Crystal Olachea	N
Francheska Marguez	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.

✓ I have been in the NEMT business for 5 years with the help of a grant from the State of Florida. I am disabled and qualified for this grant from the Dept. of Education. Notarized letter from the Dept. of Education to confirm.

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

NAME	ADDRESS	PHONE
Michael J. Rosenberg Attorney	244 Morton Ln. Winter Springs Fl. 32708	407-312-5119
Doug Richie A Caring Transport	1933 Vienna Dr. Casselberry Fl. 32707	407-371-7577
Barbara Bonaparte NeuLife Rehab	2725- Robie Ave Mt. Dora Fl.	407-435-9383
John Ondo	110 Bridlewood Dr. Longwood, Fl.	407-788-7001
Chantal Ibarra ProCare Transportation	33634 4710 Eisenhower Blvd. S. St C-4 Tampa Fl	email - Cibarra@the-procare.co 866-941-7878 Ext 1128

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

NAME	ADDRESS	PHONE
Christine Torrents Seacoast National Bank	2839 Clayton Crossing Way Oviedo Fl. 32765	407-677-9779 Ext. 389
Jeremey Willard American 1 Credit Union	718 E. Michigan Ave. Jackson MI 49201	517-544-0119
✓ Zaida Aviles Access on Time	3210 Lk. Emma Rd. St. 3090 Lk Mary Fl. 32746	407-330-7959
Naomi Taylor Kenney Allstate Insurance	4322 EL Prado Blvd. Tampa Fl. 33629	813-902-8300
Daniella Castro L.T.D. America	P.O. Box 970098 Boca Raton Fl. 33497	561-353-1130



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.

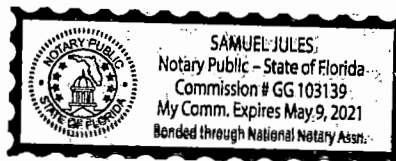
A handwritten signature in black ink, appearing to be "M. R. C.", written over a horizontal line.

SIGNATURE OF APPLICANT OR REPRESENTATIVE

The handwritten date "5-22-17" written over a horizontal line.

DATE

NOTARY SEAL



A handwritten signature in black ink, appearing to be "S. Jules", written over a horizontal line.

NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that COMFORT RIDE 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: August 31, 2017 Date of Expiration: August 31, 2019

40-18 (7/14)

[Signature]
Mayor, Board of County Commissioners

