



Interoffice Memorandum

AGENDA ITEM

APPROVED
BY ORANGE COUNTY BOARD
OF COUNTY COMMISSIONERS

OCT 20 2015 JKBS

October 1, 2015

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

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

A handwritten signature in black ink, appearing to read "CH", is positioned to the right of the "FROM" field.

SUBJECT: Paratransit Services License
Sandcastle Transportation LLC
Consent Agenda – October 20, 2015

The EMS Office of the Medical Director requests the approval of the Paratransit Services License for Sandcastle Transportation LLC. Sandcastle Transportation 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 Sandcastle Transportation 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 of the Paratransit Services License for Sandcastle Transportation LLC to provide wheelchair/stretchers service. The term of this license is from October 31, 2015 through October 31, 2017. 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: August 19, 2015

PROPOSED DATE OPERATIONS WILL BEGIN: October 2015

SECTION I: GENERAL INFORMATION

1. NAME OF SERVICE: Sandcastle Transportation LLC
2. BUSINESS ADDRESS (INCLUDE COUNTY):
2431 Aloma Avenue. Suite 264
Winter Park FL, 32792. Orange County
3. CONTACT INFORMATION: Business Phone 1-800-572-0135
Mobile Phone 407-454-4892
Email info@sandcastlehomecare.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>
<u>Alexander Castillo</u>	<u>2431 Aloma Ave.</u>	<u>President</u>
<u>Adriana Castillo</u>	<u>2431 Aloma Ave.</u>	<u>Vice President</u>

6. LEVEL OF SERVICE: WHEELCHAIR STRETCHER BOTH
7. COMMUNICATIONS EQUIPMENT: TELEPHONE TWO-WAY RADIO OTHER
a. If other, please describe: iPad

SECTION II: REQUISITES TO OBTAINING LICENSE

1. PAYMENT OF ALL APPLICABLE FEES:

YES, DATE: August 21, 2015 NO

2. VEHICLE INSPECTION COMPLETED BY EMS OFFICE:

YES, DATE: _____ NO

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):

- Business or work references for 5 years, including one letter of reference
- Five personal references, including one letter of reference
- Five credit references, including one letter of reference

4. FINANCIAL STATEMENT SUBMITTED TO EMS OFFICE:

YES, DATE: August 21, 2015 NO

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

5. PROOF OF INSURANCE SUBMITTED TO EMS OFFICE:

YES, DATE: August 21, 2015 NO

If insurance coverage has not been provided, the insurance 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: PLEASE SEE ATTACHED ROSTER

<u>NAME</u>	<u>FDL NUMBER</u>	<u>CURRENT CPR CARD (Y/N)</u>
		Tonia Lonze Yes
		Juan Bernal No
		Alex Castillo No
		Sean Hipps No

ATTACHMENT I: REFERENCES

1. List previous business experiences or work history for last five years. Submission of at least one letter of reference from list below is required.

I currently own and operate Sandcastle Homecare. We are a state licensed home health agency providing in-home care for the elderly, recently injured, and disabled. We transport clients daily to and from everything they need to go (i.e. dentist, doctor). Before Sandcastle, from 2010-2012 I was at Rollins College Crummer Graduate school of business earning my MBA. From 2012-2013 I worked as a financial analyst for The Bogdahn Group, an institutional consulting firm. Then, from 2013-2014 I worked as a financial analyst at Wyndham Worldwide. After my grandfather passed, I created Sandcastle.
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2. List five personal or business references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Michael Velasquez	2749 Cayman Way, Orlando 32812	407 758 8726
Avery Wilson	1710 Lee Road, Winter Park 32789	405 625 7883
Greg Matheny	3756 Lower Park Road, Orlando 32801	407 227 0599
Doug Smith	400 West Church Street, Orlando 32801	917 335 8660
Bryan Richardson	1874 Grinell Ter, Winter Park 32789	407 790 6535

3. List five credit references. Submission of at least one letter of reference from list below is required.

NAME	ADDRESS	PHONE
Castillo Auto Repair	4070 South Goldenrod Road, Orlando 32822	321 303 6303
Security National Coverage Company	17 North Summerlin Avenue, Orlando 32801	407 341 9080
Overtime Sports	5303 High Park Lane, Orlando 32814	407 227 0597
Insurance Consultants of Central Florida	227 South Orlando Avenue #1, Winter Park 32789	407 740 5337
Crealde Business Center	2431 Aloma Avenue, Winter Park 32792	407 681 7800



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

6/20/13

DATE

NOTARY SEAL



NOTARY SIGNATURE

License Paratransit Services

Orange County
Board of County Commissioners
Emergency Medical Services

This is to certify that SANDCASTLE TRANSPORTATION 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: October 31, 2015 Date of Expiration: October 31, 2017

40-18 (7/14)

[Signature]
Mayor, Board of County Commissioners

