

# Ameditrans, Inc.

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18198 Summerdown Ave  
Port Charlotte, FL 33948

Phone: (941) 625-0117  
Fax: (941) 625-3116  
charlie@ameditrans.com



## RE: Transit Contract Driver Services RFP 20250384

Ameditrans was formed in May Of 2007 we are located in Charlotte County and have been since our inception.

Ameditrans organization structure as follows:

Charles Moreno: President of Ameditrans

Ron Kennoyer Vice President

Nate Cullerot Director

Kelly Hill Gen employee Manager

Michelle Gramza Human Resource Manager

Ameditrans became the sole contracted provider for Charlotte County Transit /Dial a ride and we held that contract continuously for twelve years. Until the contract was not renewed due to a lower bid.

Our experience providing transit drivers to Charlotte County speaks from our record. Although there have always been changes to the county transit scope of services and driver regulations. Which included everything from accident response, drug testing, scheduling of drivers, to declared Emergencies as well as unique events when transit buses were required. Ameditrans has always been able to adapt and provide a positive and quality level of services.

The Contractor will assign a local General Manager. Who has over 20 years of experience related to paratransit services.

Ameditrans will provide the general manager one month prior to the commencement date of the transit contract. We will make plans for a visit one week after Ameditrans is approved by the Charlotte County Board of County Commissioners. We will discuss and plan with the current Transit Manager, and meet with the current TOCs, so that Ameditrans can apply any changes and updates as directed by the County Transit Manager.

Ameditrans is prepared to provide transit drivers Monday through Friday, 6:00AM-6:30pm and Saturdays, 8:00am-6:30pm, allowing transit driver enough time to complete their Pre-trip inspections.

The Contractor shall provide Charlotte County with Driver Schedules a minimum of two (2) weeks in advance.

Post declared emergencies in Drivers will be ready and available as needed.

The contractor will be responsible for employment and training following current county protocols and we will provide qualified staff with these services.

Level 2 background checks and FDOT physicals will be provided at Ameditrans Expense.

At Inception of Transport contract Ameditrans will have 35 Employees,

Current transit Drivers will be given the option of joining Ameditrans and be given tenure over new hires.

Transit Drivers will Posses a valid CDL required for the vehicles that will be driving based on seating capacities.

As outlined in Exhibit B Current Vehicle List)

The General Manager will be certified by October 1, 2025, in the following courses.

TSI Course (ICTT) – Instructors

TSI Course (FBCI) – Fundamentals

(2) years depending

(AED)

Bloodborne pathogens

Fixed Route Bus Operator

A certificate of Completion will be issued to each transit driver as they complete Training and will be sent to the proper TOC for county files.

Dress code policy is understood and seems unchanged from the past 15 years.

In Closing, I believe Ameditrans is the most "advantageous to the county" decision and should be awarded the contract.

My personal belief is this based on the twelve consecutive years that the company held the contract which unfortunately ended in 2022 through no fault of the company but only due to a lesser bid.

Ameditrans provided exceptional service to the patrons of Charlotte County Transit and Dial a Ride along with efficiently running the transit schedule and providing qualified drivers. During this time, the company also maintained compliance training, inspections, records, safety meetings, audits, etc.

As the President of Ameditrans, I oversaw all daily operations when the company held the contract for Charlotte County and was very involved in every aspect. I went "out on the road" anytime it was required and would make things run more efficiently. My commitment to providing excellent service and maintaining all areas of the contract are of the utmost importance to me.

I have lived in Charlotte County for the last forty-eight years and have been a part of this ever-growing community. I Started this company when there was only one other transit company in town and through all the cent transition and changes have been able to maintain a profitable and dependable business.

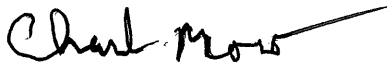
Thank you for your consideration and I hope to be moving forward with an approval contract in the near future.

Regards,

  
Charles Moreno

	<u>Year 1</u> <u>Amount</u>	<u>Year 2</u> <u>Amount</u>	<u>Year 3</u> <u>Amount</u>
Hours	800	800	800
Rate	<b>\$36.75</b>	<b>\$38.25</b>	<b>\$39.50</b>
Extended Price Total	<b>\$29,400</b>	<b>\$30,600</b>	<b>\$31,600</b>

Transitional Cost: \$30 a person per hour (amount of people and to be determined by Transit manager and Ameditrans)

  
Charles Moreno

## Organization Pyramid and Job description

President: Charles Moreno 20 Years

Job Description: Over sees all aspects of the organization's operations and strategy.

Director/ Safety Officer: Nate Cullerot

Employed 16 Years with Ameditans

Job Description: Handles transit drivers scheduling, all driver certifications and training, Background Checks

Vice President: Ron Kennoyer 20 years

Job Description: Assist president in daily operations as directed.

Employee Manager/ Safety Officer:  
Kelly Hill

Job Description: Plays an integral role in keeping employees happy and providing them with programs that support their overall well-being. Ensures a safe environment for patients and staff. Assists Nate with any overflow he may have

Employee Manager: Michelle Gramza

Job Description: Handles all onboarding. Developing and implementing HR strategies and initiatives aligned with the overall business strategy

## Ameditrans References

1. Charlotte County Transit

Address: 18500 Murdock Circle Suite 344 Port Charlotte FL 33948

Phone: 941-743-1378

Kimberly Corbet: Senior Division Manager

Rhianon Mills: Senior Contract Supervisor

2. Port Charlotte Rehab

Address: 25325 Rampart Blvd Port Charlotte FL 33983

Phone: 941-629-7466

Jessie Cartwell: Transitional Care Manager

3. Charlotte Bay Rehab and Care Center

Address: 4033 Beaver Lane Port Charlotte FL 33952

Phone: 941-625-3200

Ben Johnson: Director

**PART VI - SUBMITTAL FORMS**  
**PROPOSAL SUBMITTAL SIGNATURE FORM**

The undersigned attests to his/her authority to submit this proposal and to bind the firm herein named to perform as per contract, if the firm is awarded the Contract by the County. The undersigned further certifies that he/she has read the Request for Proposal, Terms and Conditions, Insurance Requirements and any other documentation relating to this request and this proposal is submitted with full knowledge and understanding of the requirements and time constraints noted herein.

By signing this form, the proposer hereby declares that this proposal is made without collusion with any other person or entity submitting a proposal pursuant to this RFP.

In accordance with section 287.135, Florida Statutes, the undersigned certifies that the company is not on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List, and does not have business operations in Cuba or Syria (if applicable) or the Scrutinized Companies that Boycott Israel List, or is not participating in a boycott of Israel.

As Addenda are considered binding as if contained in the original specifications, it is critical that the Consultant acknowledge receipt of same. The submittal may be considered void if receipt of an addendum is not acknowledged.

Addendum No. 1 Dated 5/5 Addendum No. 3 Dated 5/25 Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_  
Addendum No. 2 Dated 5/23 Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_ Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Type of Organization (please check one):

INDIVIDUAL  
CORPORATION

☐

PARTNERSHIP

☐

☒

JOINT VENTURE

☐

CB Moreno  
Firm Name

941-625-0117  
Telephone

Ameditrans  
Fictitious or d/b/a Name

47-1709724  
Federal Employer Identification Number (FEIN)

18198 Summerdown Ave  
Home Office Address

port Charlotte FL 33948  
City, State, Zip

15  
Number of Years in Business

2765 Tamiami Trl #E  
Address: Office Servicing Charlotte County, other than above

Charles Moreno  
Name/Title of your Charlotte County Rep.

941-961-2445  
Telephone

Charles Moreno  
Name/Title of Individual Binding Firm (Please Print)

Chal mow  
Signature of Individual Binding Firm

6/2/25  
Date

Charlie@ameditrans.com  
Email Address

(This form must be completed & returned)

## DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that Ameditrans  
does: (name of business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Chad Moore  
Proposer's Signature

6-1-25  
Date

(This form must be completed & returned)



**HUMAN TRAFFICKING AFFIDAVIT  
for Nongovernmental Entities Pursuant To FS. §787.06**

**Charlotte County Contract #20250384**

The undersigned on behalf of the entity listed below, (the "Nongovernmental Entity"), hereby attests under penalty of perjury as follows:

1. I am over the age of 18 and I have personal knowledge of the matters set forth except as otherwise set forth herein.
2. I am an officer or representative of the Nongovernmental Entity and authorized to provide this affidavit on the Company's behalf.
3. Nongovernmental Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes.
4. This declaration is made pursuant to Section 92.525, Florida Statutes. I understand that making a false statement in this declaration may subject me to criminal penalties.

Under penalties of perjury, I declare that I have read the foregoing Human Trafficking Affidavit and that the facts stated in it are true.

Further Affiant sayeth naught.

Charles Moreno  
Signature

Charles Moreno  
Printed Name

president  
Title

Amedittrans  
Nongovernmental Entity

6-1-25  
Date

(This form must be completed & returned)

## CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION			
<input type="text" value="Ameditans"/>			
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE			
Prefix:	<input type="text" value="MR"/>	* First Name:	<input type="text" value="Charles"/>
		Middle Name:	<input type="text" value="Benjamin"/>
* Last Name:	<input type="text" value="Moreno"/>	Suffix:	<input type="text"/>
* Title:	<input type="text" value="President"/>		
* SIGNATURE:	<input type="text" value="Chad More"/>	* DATE:	<input type="text" value="6-1-25"/>

END OF PART VI

(This form must be completed & returned)