

**ORDER NO.**

PO-008587

Issued Date

10/6/2024

Created Date

10/6/2024, 6:03 PM

SUPPLIER

NATIONAL HEALTH TRANSPORT INC.

TOTAL AMOUNT

\$1,297,800.00

Method of Procurement

O2

Event Name

Mission Number

00060

State Contract/Pre-Disaster Agreement ID:

SHIP TO

3600 Commerce Blvd, Kissimmee, 34741

BILL TO

DEM Tallahassee
2555 Shumard Oak Boulevard
Sadowski Building
Tallahassee, FL 32399-2100
United States
Phone: +1 850-815-4000

DELIVER TO**ACCOUNT MANAGER**

(required)

Purchase Order Line Items

Description	Quantity	Unit	Unit Price	Total Amount
BLS STAFFED UNIT	2.00	Each	\$113,400.00	\$226,800.00
ALS STAFFED UNIT	8.00	Each	\$126,000.00	\$1,008,000.00
EMS PATIENT MOVEMENT COORDINATOR(PARAMEDIC)	1.00	Each	\$63,000.00	\$63,000.00

Purchase Order Field History

Date	Field	User	Original Value	New Value
10/7/2024, 7:21:57 AM	Category_of_Work__c	John Smit		B - Emergency Protective Measures
10/7/2024, 7:21:57 AM	Sub_Category__c	John Smit		9001 - Contract
10/6/2024, 10:21:39 PM	Auto_Acknowledged__c	Faith Holmes	false	true
10/6/2024, 10:21:39 PM	Status__c	Faith Holmes	New	Released
10/6/2024, 10:21:39 PM	Released_Date__c	Faith Holmes		2024-10-06
10/6/2024, 10:21:39 PM	Status__c	Faith Holmes	Released	Pending Delivery
10/6/2024, 10:21:35 PM	FLAIR_Contract_Id__c	Faith Holmes		E0826
10/6/2024, 10:18:55 PM	Num_PO_Lines_Without_FLAIR_Code__c	Lindsey Pudvah	1	0
10/6/2024, 10:18:27 PM	Num_PO_Lines_Without_FLAIR_Code__c	Lindsey Pudvah	2	1
10/6/2024, 10:17:15 PM	Num_PO_Lines_Without_FLAIR_Code__c	Lindsey Pudvah	3	2
10/6/2024, 10:16:12 PM	Financial_Import_Vendor__c	Lindsey Pudvah		a0V3k00000mrV2eEAE
10/6/2024, 10:16:12 PM	Financial_Import_Vendor__c	Lindsey Pudvah		NATIONAL HEALTH TRANSPORT INC -F271720808004
10/6/2024, 6:03:11 PM	Num_PO_Lines_Without_FLAIR_Code__c	Ian Guidicelli		3
10/6/2024, 6:03:11 PM	created	Ian Guidicelli		
10/6/2024, 6:03:11 PM	PO_Lines_W_O_CM_Input__c	Ian Guidicelli		3
10/6/2024, 6:03:11 PM	Total_Amount__c	Ian Guidicelli		1297800
10/6/2024, 6:03:11 PM	Name	Ian Guidicelli		PO-008587

Use the link below to view the signed Terms and Conditions documentation.

[Signed Terms and Conditions \(https://fdem.my.salesforce.com/069PU00000A7uirYAB\)](https://fdem.my.salesforce.com/069PU00000A7uirYAB)

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00060

Information			
Mission Number Name	00060	WebEoc Mission Data ID	561342
Mission Title	Establish Purchase Orders for Patient Movement Resources	Program	
TAR Status	None	Request Type	County
State Mission Number		Mission Type	
Parent Mission Number		Parent Mission Number	
Parent Mission Number Name		Agency	SERT
Entry Date		Agency Group	Agency - SERT
Mission Initial Date		County	
Mission Outage Date		Region	Region 5
Mission Entity	Emergency Medical Services	Vendor	
All_Tasks		Vendor Account	
Completed Tasks	0	Mission Assigned To	SERT EMERGENCY SERVICES
Approval Status		Mission Tasked To	SERT ESF08
Submitted Date		All Reimbursements Complete	<input type="checkbox"/>
Date Approved			
Sum Total Line Item Amounts	\$0.00		
Total Line Item Delivered Amount	\$0.00		
Finance Tracking Mission	<input type="checkbox"/>		
State Mutual Aid Mission (SMAA)	No		
Quote Needed	<input type="checkbox"/>		
Date Needed By			
Requesting Party			
Mission Initial Date Only	//		
Mission Outage Date Only	//		
Contract Manager	Krisie Patterson		
Mutual aid type requested			
EMAC requesting state			
EMAC assisting state			

Is supporting texas
EMAC

Mission CID

Mission Description

Mission Description	RFQ Verbiage:3 hr PO WindowThe RFQ needs to request a 21 day quote.Report time 1200 10/6/2024DOH Kissimmee Warehouse3600 Commerce Blvd, Kissimmee, FL 34741	Mission Purpose	
Resource Capabilities Requested		Mission Status	PO Issued
Position Name	SERT ESF08 FinAdm	Mission Critical	
Mission Lifeline	Health and Medical	Vaccine Supported	
Sites Supported			

Deployment Conditions

Working Conditions	Working Conditions Comments
Health & Safety Concerns	Health & Safety Concerns Comments

Deployment Logistics

Is Lodging Provided?	Is Lodging Provided Comments
Is Meal Provided?	Is Meal Provided Comments
Is Vehicle Provided?	Is Vehicle Provided Comments
Will other logistics be provided?	Other logistics be provided comments
Other Mission Information or Comments	

Mission Location and Contacts

Street	3600 Commerce Blvd		
City	Kissimmee		
Zip	34741		
Mission Authorized Rep	Steve McCoy	Mission Primary Contact	Steve McCoy
Authorized Rep Title	Alternate ECO/ Patient Movement Branch	Primary Contact Email	
Authorized Rep Email		Primary Contact Phone	850-528-0012
Authorized Rep Phone	850-528-0012		
On Scene Contact Email		Secondary Contact Name	Bobby Mills
On Scene Contact Name	Bobby Mills	Secondary Contact Email	

On Scene Contact
Phone 850-766-0435

Secondary Contact
Phone 8507660435

Travel Auth Rollups

Total Number of Travel
Auths 0

New Travel Auths 0

Pending Travel Auths 0

Approved Travel
Auths 0

Returned Travel Auths 0

Created By DEM Integration, 10/5/2024, 3:57 PM

Owner DEM Integration

County Text Osceola County

Last Modified By Brad Bell, 4/15/2025, 5:32 PM

Incident ID 172

Reference Disaster
Data 2024 Milton

Incident Name 2024 Milton

Show on SMAA Portal ☐

Invoices

2024-08M.2

Vendor Name	Pafford Medical Services
Invoice Amount	\$655,251.09
Invoice Status	Payment Processing
MFMP PO Number	PO-008586

202403

Vendor Name	ALC Transportation LLC
Invoice Amount	\$431,935.00
Invoice Status	Paid
MFMP PO Number	PO-008590

100624

Vendor Name	Americare Ambulance Service
Invoice Amount	\$69,120.00
Invoice Status	Paid
MFMP PO Number	PO-008558

10062024

Vendor Name	Americare Ambulance Service
Invoice Amount	\$182,400.00
Invoice Status	Paid
MFMP PO Number	PO-008558

1019EMR1

Vendor Name	Elite Medical Response
Invoice Amount	\$168,640.00
Invoice Status	Paid
MFMP PO Number	PO-008591

963155

Vendor Name	American Medical Response Inc
Invoice Amount	\$738,867.60

Invoice Status	Paid
MFMP PO Number	PO-008589

2024-08M

Vendor Name	Pafford Medical Services
Invoice Amount	\$11,141,940.12
Invoice Status	Paid
MFMP PO Number	PO-008586

Milton-01305

Vendor Name	E Care Ambulance Inc
Invoice Amount	\$984,687.50
Invoice Status	Paid
MFMP PO Number	PO-008588

1776-25463

Vendor Name	MCT Express, INC
Invoice Amount	\$508,690.00
Invoice Status	Paid
MFMP PO Number	PO-008582

1776-25462

Vendor Name	RG Ambulance Service, Inc.
Invoice Amount	\$1,855,151.25
Invoice Status	Paid
MFMP PO Number	PO-008581

MIL2024

Vendor Name	Brewster Ambulance
Invoice Amount	\$113,760.00
Invoice Status	Paid
MFMP PO Number	PO-008583

AASI005

Vendor Name	Acadian Ambulance Service, Inc.
Invoice Amount	\$96,250.00
Invoice Status	Paid
MFMP PO Number	PO-008585

10072024-002

Vendor Name	Florida Assoc of Critical Care Transport Spec, dba FAMA
Invoice Amount	\$20,120.20
Invoice Status	Paid
MFMP PO Number	PO-008655

Mission History

2/12/2025, 6:13 AM

User	DEM Integration
Action	Changed # Paid Invoices from 10 to 12.

1/14/2025, 6:16 AM

User	DEM Integration
Action	Changed # Paid Invoices from 9 to 10.

1/3/2025, 6:11 AM

User DEM Integration

Action Changed # Paid Invoices from 8 to 9.

12/27/2024, 8:38 AM

User Kristi Coppenger

Action Changed # Paid Invoices from 7 to 8.

12/17/2024, 11:12 AM

User Kristi Coppenger

Action Changed # Paid Invoices from 6 to 7.

12/17/2024, 11:11 AM

User Kristi Coppenger

Action Changed # Paid Invoices from 5 to 6.

12/12/2024, 11:35 AM

User Kristi Coppenger

Action Changed # Paid Invoices from 4 to 5.

12/10/2024, 6:11 AM

User DEM Integration

Action Changed # Paid Invoices from 3 to 4.

11/22/2024, 6:12 AM

User DEM Integration

Action Changed # Paid Invoices from 1 to 3.

11/20/2024, 6:12 AM

User DEM Integration

Action Changed # Paid Invoices from 0 to 1.

11/7/2024, 12:11 PM

User Gregory Garrett

Action Changed Contract Manager from Jennifer Pitts to Krisie Patterson.

10/18/2024, 1:03 PM

User Gregory Garrett

Action Changed # Paid Invoices to 0.

10/7/2024, 3:48 PM

User DEM Integration

Action Changed Mission Status from Coordinating to PO Issued.

10/7/2024, 10:20 AM

User Florida DEM

Action Changed Incident Name from 2024 Invest 92L to 2024 Milton.

10/5/2024, 8:07 PM

User DEM Integration

Action | **Changed Mission Status** from Tasked to **Coordinating**.

10/5/2024, 7:27 PM

User | **DEM Integration**
Action | **Changed Mission Tasked To** from Untasked to **SERT ESF08**. **Changed Mission Status** from Assigned to **Tasked**.

10/5/2024, 6:17 PM

User | **DEM Integration**
Action | **Changed Mission Status** from New Mission to **Assigned**.

10/5/2024, 3:57 PM

User | **DEM Integration**
Action | **Changed Total Line Item Delivered Amount** to **\$0.00**. **Changed Sum Total Line Item Amounts** to **\$0.00**. **Created**.

Requests for Quotes
Ambulance Services - Patient Movement - Milton

Date/Time Resource Needed	10/6/2024, 12:00 PM
Status	Closed
Created By	Krisie Patterson, 10/5/2024, 4:14 PM
Last Modified Date	2/28/2025



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Q-01307

Quote Number	Q-01307	Owner	Alissa Garcia
Request for Quote	Ambulance Services - Patient Movement - Milton	Approval Process Step	
Resource Description	EMS Deployment Hurricane Milton	Requestor	Krisie Patterson
Resource Typing/Grouping		Status	Approved
Resource Location/Point of Origin	DOH Warehouse Kissimmee	Total Price	\$1,297,800.00
Delivery Method		Available Date of Delivery/Work Start	10/6/2024, 12:00 PM
Mission Name	00060	Hold Date	
Mission #	00060	Estimated Arrival Time	
Incident Name	2024 Milton	Quote End Date	
Incident ID	172	Additional Comments	
Quote CID			

Vendor Details			
Vendor	NATIONAL HEALTH TRANSPORT INC.	Account State Registered	<input checked="" type="checkbox"/>
Signed Terms and Conditions	https://fdem.my.salesforce.com/069PU00000A7uirYAB		

System Information			
Created By	Alissa Garcia, 10/5/2024, 5:07 PM	Last Modified By	Ian Guidicelli, 10/6/2024, 6:03 PM

Quote Line Items
QL-05474

Description	BLS STAFFED UNIT
Quantity	2.00
Charge Type	One-Time
Usage Amount	1.00
Unit of Measurement	Each
Rate	\$113,400.00
Total Price	\$226,800.00

QL-05475

Description	ALS STAFFED UNIT
Quantity	8.00
Charge Type	One-Time
Usage Amount	1.00
Unit of Measurement	Each
Rate	\$126,000.00
Total Price	\$1,008,000.00

QL-05478

Description	EMS PATIENT MOVEMENT COORDINATOR(PARAMEDIC)
Quantity	1.00
Charge Type	One-Time
Usage Amount	1.00
Unit of Measurement	Each
Rate	\$63,000.00
Total Price	\$63,000.00

Files

Invoice for Hurrican Milton 2024

Last Modified 10/5/2024, 5:12 PM
Created By Alissa Garcia

Approval History

10/6/2024, 6:03 PM

Status **Approved**
Assigned To **SERT Chief**
Actual Approver **Ian Guidicelli**
Comments **Approved by KP**

10/6/2024, 7:49 AM

Status **Approved**
Assigned To **Finance**
Actual Approver **Lindsey Pudvah**
Comments

10/5/2024, 8:45 PM

Status **Approved**
Assigned To **Legal**
Actual Approver ****Deactivated**Suhail Chhabra**
Comments **Approved for legal sufficiency.**

10/5/2024, 8:15 PM

Status **Submitted**
Assigned To **Krisie Patterson**
Actual Approver **Krisie Patterson**
Comments

Quote History

10/6/2024, 6:03 PM

User **Ian Guidicelli**
Action **Changed Status** from Submitted for Approval to **Approved**. Record locked.

10/6/2024, 7:49 AM

User **Lindsey Pudvah**
Action **Record locked.**

10/5/2024, 8:45 PM

User ****Deactivated**Suhail Chhabra**
Action **Record locked.**

10/5/2024, 8:15 PM

User **Krisie Patterson**

Action | **Changed Requestor to Krisie Patterson. Changed Status from Pending Review to Submitted for Approval.**

10/5/2024, 8:15 PM

User | **Krisie Patterson**

Action | **Record locked.**

10/5/2024, 5:20 PM

User | **Alissa Garcia**

Action | **Changed Request For Quote Owner Email to krisie.patterson@flhealth.gov. Changed Submission Date to 10/5/2024. Changed Status from New to Pending Review.**

10/5/2024, 5:07 PM

User | **Alissa Garcia**

Action | **Changed Quote Number to Q-01307. Created.**

Purchase Orders

PO-008587
