

**CONTRACT AND SOLICITATION
REQUEST FORM**

PROJECT/CONTRACT TITLE:

DATE:

Medical Director for Fire Rescue Services 8/4/20

PROJECT MANAGERS, CONTRACT MANAGERS, CONSULTANT:

Project Manager: Division Chief Xavier Jones	PHONE: 305-460-5517	EMAIL: xjones@coralgables.com
Contract Manager:	PHONE:	EMAIL:
Consultant:	PHONE:	EMAIL:

PROJECT/ CONTRACT DESCRIPTION:

The Medical Director is a Florida Licensed Physician that will provide medical direction to the Coral Gables Fire Department for Emergency Medical Services.

ADVISORY BOARD/COMMITTEE RECOMMENDATION(S): (If Applicable)

Date	Board/Committee	Comments

ENGINEERING ESTIMATE (If Applicable):

CONTRACT FINANCIAL INFORMATION:

Amount	Account No.	Project String	Source of Funds
\$66,000	001-5500-522-31-30		General Fund
Total:	\$66,000	Management & Budget Director: Keith Kleiman <small>Digitally signed by Keith Kleiman Date: 2020.08.04 16:58:47 -04'00'</small>	

GRANT FUNDED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SOURCE:	AGREEMENT NO.
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SUBMITTED AND APPROVED BY:

Submitted By:	Department Director:	Date Received By Procurement:
Nichole Somarriba <small>Digitally signed by Nichole Somarriba DN: cn=Nichole Somarriba, o=Fire, ou=Fire, email=nsomarriba@coralgables.com, c=US Date: 2020.08.04 15:37:38 -04'00'</small>	Marcos De La Rosa <small>Digitally signed by Marcos De La Rosa DN: cn=Marcos De La Rosa, o=Coral Gables, ou=Fire, Department, email=mdelaros@coralgables.com, c=US Date: 2020.08.04 15:38:04 -04'00'</small>	

REQUIRED ATTACHMENT(S):

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|---------------------------------------|--|
| 1. Project Status Report | 4. Construction Plans (If Applicable) |
| 2. Special Conditions (If Applicable) | 5. Scope of Services/Scope of Work |
| 3. Desired Timeline | 6. Technical Specification (If Applicable) |