

**CONTRACT AND SOLICITATION  
REQUEST FORM**

**PROJECT/CONTRACT TITLE:**

**DATE:**

<b>Medical Director for Fire Rescue</b>	<b>8-23-21</b>
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**PROJECT MANAGERS, CONTRACT MANAGERS, CONSULTANT:**

<b>Project Manager:</b> Xavier Jones	<b>PHONE:</b>	<b>EMAIL:</b> xjones@coralgables.com
<b>Contract Manager:</b>	<b>PHONE:</b>	<b>EMAIL:</b>
<b>Consultant:</b>	<b>PHONE:</b>	<b>EMAIL:</b>

**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 starting FY22.

**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	N/A	General Fund
<b>Total:</b>	<b>\$66,000</b>	<b>Management &amp; Budget Director: Keith Kleiman</b>	
		Digitally signed by Keith Kleiman Date: 2021.08.24 12:18:07 -04'00'	

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

Submitted By:	Department Director:	Date Received By Procurement:
Xavier Jones <small>Digitally signed by Xavier Jones Date: 2021.08.23 15:18:34 -04'00'</small>	Marcos De La Rosa <small>Digitally signed by Marcos De La Rosa DN: cn=Marcos De La Rosa, o=Coral Gables Fire Department, email=marcosde@coralgables.com, c=US Date: 2021.08.24 11:58:39 -04'00'</small>	

**REQUIRED ATTACHMENT(S):**

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| <ol style="list-style-type: none"> <li>1. Project Status Report</li> <li>2. Special Conditions (If Applicable)</li> <li>3. Desired Timeline</li> </ol> | <ol style="list-style-type: none"> <li>4. Construction Plans (If Applicable)</li> <li>5. Scope of Services/Scope of Work</li> <li>6. Technical Specification (If Applicable)</li> </ol> |
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