



December 23, 2013

Re: Project No. 503204-05-001  
West Perrine Park – Family Aquatic Facility

Dear Sir or Madam:

The above-referenced contract is being considered for small business contract measures. If you are interested in participating as a CSBE to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to bid by **Friday, December 27, 2013, at 1:00 P.M.** It is asked that all pages are returned completed in their entirety. Failure to complete will result in this Verification of Availability to Bid Letter not being considered.

Please review the enclosed description of the project.

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email at laurie@miamidade.gov.** If you have any questions, please contact me at (305) 375-3121.

Sincerely,

Laurie Johnson, Section Supervisor  
Internal Services Department  
Small Business Development (SBD) Division

Please access the new Project Review Process at <http://www.miamidade.gov/business/contracting-opportunities.asp>

**VERIFICATION OF AVAILABILITY TO BID**

INTERNAL SERVICES DEPARTMENT (ISD)  
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION  
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM  
111 N.W. 1ST STREET, 19<sup>th</sup> FLOOR  
MIAMI, FLORIDA 33128  
PHONE: 375-3111 FAX: 375-3160

PROGRAM COORDINATOR: **Laurie Johnson**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

**CONTRACT TITLE:** West Perrine Park – Family Aquatic Center

**PROJECT NUMBER:** 503204-05-001

**Estimated Contract Amount:** \$4,229,244.42

**(Scope of work and minimum requirements for this project is attached.)**

\_\_\_\_\_  
NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

Certification Expires: \_\_\_\_\_  
DATE

Telephone: \_\_\_\_\_ **\*\*\*Bonding Capacity:** \_\_\_\_\_

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

## VERIFICATION OF AVAILABILITY TO BID

**CONTRACT TITLE:** West Perrine Park – Family Aquatic Facility

**PROJECT NUMBER:** 503204-05-001

### PROJECT DESCRIPTION

A Learn to Swim Program Pool with a 4-lane Lap Pool, One Plunge Open Slide and zero entry area. Pool Deck lighting, spectator seating area (3-tier bleacher), Kids Water Activity Pool, Bath House building (Approx. 5,400 Sq. Ft.) with Concession Stand, exterior Vending and Locker Area, Staff changing room with restrooms and showers, First Aid room, Managers Office, Public Male and female shower and restrooms, Janitor's closets and service area, Pool Deck equipment storage, Pool Mechanical, Chlorine, Pump Filter & Chemical Room, One 30'x30' Open shelter.

### PROJECT CRITERIA:

**Proposers must have a minimum of 5 years of experience in building Commercial Swimming Pools and/or Aquatic Facilities. Additionally, proposers must have completed no less than two Commercial Swimming Pools and/or Aquatic Facilities projects in the past 5 years.**

## Contractor Qualifications Questionnaire

This questionnaire will assist the SBD to identify the qualified contractors that “comply” to perform the aforementioned scope of work. Indicate yes “Y” or no “N” on the empty line on the left side of this questionnaire and forward it completely filled out to this e-mail address: [laurie@miamidade.gov](mailto:laurie@miamidade.gov) or via fax (305) 375-3160 attention Mrs. Laurie Johnson.

\_\_\_\_\_ Proposer has a minimum of 5 years of experience in building Commercial Swimming Pools and/or Aquatic Facilities

\_\_\_\_\_ Proposer must have completed no less than two Commercial Swimming Pools and/or Aquatic Facilities projects in the past 5 years.

Commercial Swimming Pools and/or Aquatic Facilities projects Completed (Name of Project and Owner)	Project Completion Date	Contract Amount	Project Contact Person & Telephone for Verification

I certify that to the best of my knowledge all the information provided is verifiable and correct.

COMPANY NAME: \_\_\_\_\_

NAME OF REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_