



November 10, 2011

Re: Project No. CM11-JMH-01
Ryder Trauma Center Exterior Hardening Project

Dear Sir or Madam:

The above-referenced contract is being considered for a 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 on Page 3 of this letter, please complete and return the attached Verification of Availability to bid by **Tuesday, November 15, 2011, at 4:00 P.M.** It is asked that **Pages 2 and 4 are returned completed in their entirety. Failure to complete Pages 2 and 4 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 kellyd@miamidade.gov.** If you have any questions, please contact me at (305) 375-3136.

Sincerely,

A handwritten signature in cursive script that reads "Kelly Duncombe".

Kelly Duncombe
Sustainability, Planning & Economic Enhancement Department (SPEED)
Small Business Development Division

Please access the new Project Review Process at <http://www.miamidade.gov/sba/reports-pra-csbe.asp>

VERIFICATION OF AVAILABILITY TO BID

SUSTAINABILITY, PLANNING & ECONOMIC ENHANCEMENT DEPARTMENT (SPEED)
SMALL BUSINESS DEVELOPMENT DIVISION
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM
111 N.W. 1ST STREET, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 FAX: 375-3160

PROGRAM COORDINATOR: **Kelly Duncombe**

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: **Ryder Trauma Center Exterior Hardening Project**

PROJECT NUMBER: **CM11-JMH-01**

Estimated Contract Amount: **\$6,190,000**

(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

To establish a Professional Services Agreement to employ a qualified contractor to provide CM at Risk Services for the Public Health Trust and Jackson Health System. These services are for a qualified contractor to provide construction management services per the contract documents for the associated coordination and installation of a structurally retrofitted exterior hardening system for the building envelope and the Ryder Trauma Center.

The project is located at the Ryder Trauma Center, 1800 NW 10th Avenue, Miami, Florida. The scope of work includes, Construction Management at Risk (CM@Risk) with Guaranteed Maximum Price (GMP) (Proposer) for a fully designed wind abatement system of lightweight Glass Fiber Reinforced Concrete (GFRC) panels compatible with the existing Exterior Insulation Finishing System (EIFS) and Concrete Masonry Unit (CMU) wall systems currently in place or a suitable alternative as determined by the Owner. The Public Health Trust reserves the right to approve all equal exterior hardening application alternatives. The components used for this wind project project in accordance with current Florida Building Code and Miami-Dade County Specifications.

Based on the projects design intent and generalized scope of work, this project has been classified as a “major renovation”. Miami-Dade Board of County Commissioners approved the Sustainable Buildings Ordinance 7-65 dated May 8, 2007 and Implementation Order 8-8 dated December 7, 2007. The said ordinances require that all new County-owned, County-financed and County-operated buildings, certain major and minor renovation projects and other non-certifiable projects that are advertised after December 14, 2007 must be designed with LEED application. Therefore in order to comply with the ordinance by implementation of this project the building shall attain “certified” or higher level rating under the appropriate LEED rating system.

MINIMUM REQUIREMENTS:

Proposers shall have a minimum of five (5) years experience on similar projects. (Similar projects to include working knowledge of complete exterior upgrade to a building envelope of a hospital and/or medical office building (size of project), protection to surrounding active patient care areas (ICRA), knowledge and experience in construction staging of an active healthcare facility/site and familiar with current codes/requirements per authorities having jurisdiction (AHCA & City of Miami) and must also provide evidence of three (3) successfully completed AHCA projects that demonstrate knowledge of Class IV or higher ICRA precautions in the past five (5) years. In addition, the Proposer’s proposed Mechanical and Electrical contractors must have successfully completed a minimum of three (3) AHCA projects in the past five (5) years.

Experience in the State of Florida with Medical and/or Healthcare facilities.

Experience with Hospital environment – Infectious Control Risk Assessment (ICRA) .

Experience with Agency for Healthcare Administration (AHCA).

Contractor and subcontractor(s) shall hold a current Certificate of Competency and/or license as a General Contractor or General Engineering Contractor from the State of Florida. Proposer must have the financial capacity to undertake a project of this magnitude. JHS reserves the right to require current financial and financial institution from the Proposer prior to contract award.

Please indicate below all project(s) your company has worked on which had AHCA and ICRA review/requirements. **Failure to include three (3) projects below will result in this Verification of Availability to Bid Letter not being considered. Use additional paper if necessary.**

Name of Project Completed With AHCA/IRCA Review/Requirements	Value of Project	Project Completion Date	Anticipated Awards

 NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

 PRINT NAME AND TITLE

 SIGNATURE OF COMPANY REPRESENTATIVE