



November 20, 2014

Project No: **RQID1500028 Playground - Installation and Infrastructure Services,
Request to Qualify (POOL)**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES/GOALS TO BE PLACED ON THIS PROJECT.** 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 MONDAY, NOVEMBER 24, 2014, at 12:00 P.M.** It is asked that all pages are returned completed in its entirety. Failure to do so 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 to twj@miamidade.gov**. If you have any questions, please contact me at (305) 375-3123.

Sincerely,

Tyrone White
Contract Certification Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
Phone: (305) 375-3123
Fax: (305) 375-3160
Email: twj@miamidade.gov



<http://www.miamidade.gov/internalservices/small-business.asp>

- A. Certification as a Certified Playground Safety Inspector (CPSI) issued by the National Recreation and Park Association. For more information on certification requirements link to: www.nrpa.org/content.aspx?id=413
- B. Submitters shall provide correspondence on manufacturer letterhead stating that either their firm or their listed subcontractor is authorized to do installation of playgrounds and parks equipment. A copy of the manufacturer's approval on letterhead shall accompany the submittal package.

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying 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: twj@miamidade.gov or via fax (305) 375-3160 attention Mr. Tyrone White.

_____ Proposer (PRIME) has experience completing projects whose size and scope are similar to this project, meets the requirements as indicated in the Project Description, meets the Qualification Criteria and can perform the work as required. **PLEASE PROVIDE PROOF OF CPSI CERTIFICATION & A LETTERHEAD FOR EACH MANUFACTURER WHO’S PRODUCT YOU ARE CERTIFIED TO INSTALL.**

_____ Proposer (PRIME) DOES NOT have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the Project Description and Qualification Criteria sections.

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: _____

PLEASE LIST YOUR FIRMS HISTORY OF SIMILAR PROJECTS, REASON(S) WHY YOUR FIRM DOES NOT MEET THE EXPERIENCE REQUIREMENTS (IF APPLICABLE) AND ANY COMMENTS YOU MAY HAVE ON THE NEXT PAGE

SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Work":

Project Title: _____
Client Name: _____
Contact #: (____) _____ - _____ / _____
Scope of Work: _____

Project Title: _____
Client Name: _____
Contact #: (____) _____ - _____ / _____
Scope of Work: _____

Project Title: _____
Client Name: _____
Contact #: (____) _____ - _____ / _____
Scope of Work: _____

REASONS & COMMENTS
