



December 22, 2015

Project No: **15-13416-CW JMH Stream System Condensate Return Replacement Project**

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 TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a Small Business Enterprise – Construction (SBE/CONS) firm 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 **02:00 PM, TUESDAY, DECEMBER 29, 2015.** It is asked that all pages are returned completed in its entirety.

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to [twj@miamidade.gov](mailto: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](mailto:twj@miamidade.gov)



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

Please access the Project Review Process at <http://www.miamidade.gov/smallbusiness/projects-under-review.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: **Tyrone White**

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:** JMH Stream System Condensate Return Replacement Project

**PROJECT NUMBER:** 15-13416-CW

**Estimated Contract Amount:** \$1,584,000.00

\_\_\_\_\_  
NAME OF SMALL BUSINESS ENTERPRISE CONSTRUCTION FIRM (SBE/CONS)

\_\_\_\_\_  
ADDRESS

CITY

ZIP CODE

Certification Expiration: \_\_\_\_\_

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

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

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

\_\_\_\_\_  
DATE

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

**VERIFICATION OF AVAILABILITY TO BID**

**CONTRACT TITLE:** JMH Stream System Condensate Return Replacement Project  
**PROJECT NUMBERS:** 15-13416CW  
**ESTIMATED CONTRACT AMOUNT:** \$1,584,000.00

**BACKGROUND:**

The project scope of work consists of the replacement of pneumatic heat exchangers with a total of eleven (11) electric heat exchangers for domestic potable water, steam supply, condensate piping and valves, regulators and receiving tanks for condensate. Work also includes selective demolition and disposal of old equipment, pipe replacement and re-piping with insulation, for various locations throughout Jackson Memorial Hospital (JMH) Main Campus. The estimated construction cost for this project is \$1,584,000.

**Can your firm satisfy the scope of work?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**(If yes, please provide a copy of your firm's resume or list of projects or list 3 similar projects on the last page of this document)**

**MINIMUM REQUIREMENT AND SPECIAL CONDITION:**

Bidders (Prime Contractor) must hold one of the following: 1) a current, active, State of Florida General Contractor License (CGC); 2) current, active, State of Florida Mechanical Contractor's License (CM) or, 3) a current, active, State of Florida Master Plumber's Contractor license (RF or CF). An equivalent Miami-Dade County Certificate of Competency in any of the aforementioned trades will also be acceptable in order to perform the scope of work as set forth in the bid documents. The Bidders (Prime Contractors) must have successfully completed a minimum of one {1} steam system condensate replacement projects of similar scope and size for a healthcare facility within the last five (5) years. Bidders must also have knowledge, experience, and familiarity with current codes and requirements of authorities having jurisdiction, Infection Control Risk Assessment (ICRA), Miami-Dade County Permitting Agencies, and City of Miami Building Department.

**Does your firm hold a current, active, State of Florida General Contractor License (CGC), a current, active, State of Florida Mechanical Contractor's License (CM) or a current, active, State of Florida Master Plumber's Contractor license (RF or CF)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, does your firm hold an equivalent Miami-Dade County Certificate of Competency in any of the aforementioned trades?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Has your firm or an employee of your firm completed a minimum of one (1) steam system condensate replacement project of similar scope and size for a healthcare facility within the last five (5) years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

The Bidder (Prime Contractor) must also provide evidence that they have completed a project in the past two (2) years that required knowledge and experience of Class II Infection Control Precautions (ICRA) or higher or provide a subcontracting plan with companies that have such ICRA experience.

**Has your firm or an employee of your firm completed a project in the past two (2) years that required knowledge and experience of Class II Infection Control Precautions (ICRA)?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If no, can your firm provide a subcontracting plan with companies that have such ICRA experience?**

Yes \_\_\_\_\_ No \_\_\_\_\_

Mechanical and Plumbing sub-contractors must hold a current, active, Certificate of Competency with Miami-Dade County and/or current, active, applicable license from the State of Florida in order to complete the scope of work. Both shall demonstrate the required experience by submitting two (2) references for completed projects within the last five (5) years, in a healthcare facility.

Additionally, the Mechanical and Plumbing sub-contractor 's two (2) projects shall come from any combination of the following type projects: 1) stream supply 2) condensate piping and valves 3) regulators and receiving tanks for condensate and potable water.

**If your firm is a Mechanical/Plumbing firm, does your firm hold a current, active, Certificate of Competency with Miami-Dade County and/or current, active, applicable license from the State of Florida?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Can your firm or an employee of your firm demonstrate the required experience by submitting two (2) references from any combination of the following type projects: 1) stream supply 2) condensate piping and valves 3) regulators and receiving tanks for condensate and potable water?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, were these two projects completed within the last five (5) years, in a healthcare facility?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Please indicate which scope(s) of work your firm can perform by placing a yes or no next to each line item below.**

	Estimated Cost	Yes or No
1. Mechanical	\$ 633,000.00	_____
2. Plumbing	\$ 475,200.00	_____
3. Electrical	\$ 158,400.00	_____
4. Pipe Insulation	\$ 158,400.00	_____
5. Demolition	\$ 210,000.00	_____
<b>Estimated amount:</b>	<b>\$ 1,584,000.00</b>	

## 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](mailto:twj@miamidade.gov) or via fax (305) 375-3160 attention Mr. Tyrone White.

\_\_\_\_\_ Proposer (PRIME) has experience completing projects with a similar size and scope as this project, meets the requirements to qualify and can perform the work as required.

\_\_\_\_\_ Subcontractor (SUB) has experience similar scopes of work and can perform portions of the required work as required.

\_\_\_\_\_ PRIME/SUB **DOES NOT** have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the contract.

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 Services":

Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Scope of Service(s):

---

---

---

Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Scope of Service(s):

---

---

---

Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Scope of Service(s):

---

---

---

## REASONS & COMMENTS

---

---

---

---

---

---