



May 12, 2022

Project No: 18310-21 – West Transfer Station Tipping Floor and Improvements.

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-Con) 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 **5:00 PM, MONDAY, MAY 16, 2022.**

The letter of availability may be sent **via email to jescalante@miamidade.gov**. If you have any questions, please contact me at (305) 375-3192.

Sincerely,

Jhonnatan Escalante
Capital Improvement Project Analyst
Miami-Dade County Internal Services Department
Small Business Development Division
111 NW 1st Street #19 Floor, Miami, FL 33128
☎Office: (305) 375-3192 | 📠Fax: (305) 375-3160
Email: jescalante@miamidade.gov

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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, 19th FLOOR
MIAMI, FLORIDA 33128
PHONE: 375-3111 FAX: 375-3160

PROGRAM ANALYST: **Jhonnatan Escalante**

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 Transfer Station Tipping Floor and Improvements.

PROJECT NUMBER: 18310-21

Estimated Contract Amount: \$850,000.00

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

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

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 Transfer Station Tipping Floor and Improvements.

PROJECT NUMBER: 18310-21

ESTIMATED CONTRACT AMOUNT: \$850,000.00

PROJECT DESCRIPTION:

Scope of Work:

DSWM requires construction services to include demolition of the existing concrete tipping floor topping slab and provide a new concrete topping slab, repair existing concrete tipping floor for new topping slab and repair bumper stops.

Special Requirement:

Construction services are to be completed with specialized equipment and sequencing efforts.

In addition, the Contractor must meet the below:

It is preferred the Contractor have experience within the past three years in construction of at least three concrete structural slabs of similar size and materials as the proposed project. It is also preferred the Contractor have experience with at least three concrete structural wall and slab repair and placement projects of same or similar size and materials as the proposed project, in the past three years. The Contractor shall provide any Special Inspections required by the Building Official.

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified vendors that “comply” to provide 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: jescalante@miamidade.gov or via fax (305) 375-3160 attention Jhonnatan Escalante.

_____ Proposer (PRIME) can perform the Scope of Work outlined

_____ Proposer (PRIME) possess the appropriate license to perform this work and meets the special requirements as indicated above.

_____ Proposer (PRIME) meets the experience requirement detailed above. (three concrete structural slabs of similar size)
(Please list experience below)

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

