

September 30, 2014

Project No: 20140165 – Drainage Improvements – Multiple Sites

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 Friday October 3, 2014, at 4:00 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

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 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.)

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CONTRACT TITLE:	Drainage Improvements – Multiple Sites					
PROJECT NUMBERS:	20140165					
Estimated Contract Amount:	\$378,107.65					
(Scope of work and minimum r	of work and minimum requirements for this project is attached.) OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)					
NAME OF COMMUNITY SMA	LL BUSINESS	ENTERPRISE	(CSBE)			
ADDRESS	CITY		ZIP CODE			
Certification Expires:DATE						
Telephone:	***Bonding Ca	apacity:				
PRINT NAME AND TIT	LE					
SIGNATURE OF COMPANY	/ REPRESENTA	ATIVE	DATE			
Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards			

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Drainage Improvements – Multiple Sites

PROJECT NUMBERS: 20140165

ESTIMATED CONTRACT AMOUNT: \$378,107.65

PROJECT DESCRIPTION

Work under this Contract includes the furnishing of all supervision, labor, materials, tools, equipment and performing all operations required to construct the Work in accordance with the Contract Documents. Work includes, but is not limited to, the construction and installation of drainage structures, french drains, miscellaneous drainage improvements, grading, sodding, and miscellaneous roadway restoration, including construction of concrete curb and gutters, and sidewalks where needed in accordance with the construction plans and specifications.

Licensing Requirement:

At the time of Bid and pursuant to the requirements of Section 10-3 of the Code of Miami-Dade County, Florida and these Solicitation and Contract Documents, the Bidder must hold a valid, current, and active:

Certificate of Competency from the County's Construction Trades Qualifying Board as a <u>General</u> <u>Engineering Contractor</u> or as a <u>Specialty Engineering Contractor</u>, commensurate to the requirements of the Scope of Work, in one or more engineering crafts to include pipeline engineering contractor or paving engineering contractor. Any work which is incidental to the specialty but is specified in the aforementioned Code as being the work of other than that of the Engineering Specialty for which certified; or Certification as a General Contractor or as an underground Utility and Excavation Contractor provided by the State of Florida Construction Industry Licensing Board, pursuant to the provision of Section 489.115 of the Florida Statues shall be subcontracted with a qualified contractor.

OR

Pursuant to Section 255.20, F.S., the County may consider a bid from a Bidder in good standing, meeting the license requirements above, that has been <u>prequalified and considered eligible by the Florida</u>

<u>Department of Transportation (FDOT) under Section 337.14, F.S. and Chapter 14-22, Florida</u>

<u>Administrative Code, to perform the work described in the Contract Documents.</u> Contractors seeking consideration under this Paragraph shall submit along with the Bid Documents for review and consideration, current copy(ies) of their FOOT Certificate(s) of Qualification.

Experience Requirement:

The Bidder must demonstrate a <u>minimum of three (3) years of continual experience as the prime contractor</u> in projects with scopes comparable to the Subject Project's Scope of Work. This experience can be demonstrated by including the following along with the bid submittal package: A detailed description of completed projects similar to the Project Scope of Work, in which the Bidder is currently engaged or has completed <u>within the past ten (10) years.</u>

Contractor Qualifications Questionnaire

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.						
as this project, meets Licensing Requireme work as required. Proposer (PRIME) DO size and scope as thi	the requirement and Experier SES NOT have each of the project and D	nts as indicate Require experience	projects with a similar size and scope cated in the Project Description, ement sections and can perform the completing projects with similar meet the requirements as indicated rement and Experience Requirement			
Similar Contracts (Name of Project and Owner)	Project	Contract	Project Contact Person & Telephone			
(Name of Project and Owner)	Completion Date	Amount	for Verification			
I certify that to the best of my kno	wledge all the info	ormation prov	rided is verifiable and correct.			
COMPANY NAME:						
NAME OF REPRESENTATIVE:						
TITLE:	SIGNATURE: _					
TELEPHONE NUMBER:	E-Ma	nil Address:				

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

PLEASE WRITE REASONS FOR NOT MEETING THE EXPERIENCE REQUIREMENTS OR LIST ANY COMMENTS YOU MAY HAVE ON THE NEXT PAGE

REASONS & COMMENTS

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