



November 19, 2015

Project No: **490601-15-001 Trail Glades Range – Phase I Development**

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 **2:00 PM, MONDAY, NOVEMBER 23, 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:** Trail Glades Range – Phase I Development

**PROJECT NUMBER:** 490601-15-001

**Estimated Contract Amount:** \$1,441,544.23

**(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

<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:** Trail Glades Range – Phase I Development

**PROJECT NUMBERS:** 490601-15-001

**ESTIMATED CONTRACT AMOUNT:** \$1,441,544.23

**SCOPE OF WORK:**

The project consists of a New R.V. restroom building and associated utilities addition of 34 parking spaces, site improvements, walkways, 12 new pre-manufactured shelters, upgrades to trap and sket buildings and landscaping.

**PRIME REQUIREMENT:**

The Prime bidder must have been in business for at least five years, having completed at least two projects similar in size and scope to this project.

**Does your firm meet the requirements of the prime?**

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

**SUBCONTRACTOR REQUIREMENT:**

There are no requirements for the subcontractors.

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

Item:	Task Description:	Totals:	Yes Or No:
1	General Requirements	\$ 255,191.78	
2	Site Work	\$ 172,217.05	
	2.1 Site preparation & Improvements \$149154.84		
	2.2 Trenching/Boring/Drilling \$5347.27		
	2.3 Site Construction \$14120.98		
	2.4 Site Signage \$3593.96		
3	Concrete	\$ 29,538.34	
4	Masonry	\$ 79,875.28	
5	Metal	\$ 17,630.77	
6	Wood & Plastic	\$ -	
7	Thermal And Moisture Protection	\$ -	
8	Door And Windows	\$ -	
9	Finishes	\$ -	
10	Specialties	\$ 360,066.79	
11	Equipment	\$ 163,526.77	
12	Furnishings	\$ 73,684.00	
13	Special Construction	\$ -	
14	Conveying Systems (Not Used)	\$ -	
15	Plumbing, Heating, A/C	\$ 8,566.04	
16	Electrical	\$ 33,528.63	
	Subtotal:	\$ 1,193,825.45	
	Overhead & Profit:	\$ 179,073.82	
	Contingency:	\$ 68,644.96	
	<b>Total Construction Cost:</b>	<b>\$ 1,441,544.23</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) 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

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