



January 24, 2012

TO: Licensed Excavation Contractors / General Engineering Contractors

Re: MDAD Building 147 at Opa-Locka Executive Airport, Source Removal  
E08-DERM-01-008R1-AMEC

Dear Sir or Madam:

The above-referenced contract is being considered for small business contract measures. If you are interested in participating as a CSBE to perform work in connection with this project and meet the requirements listed on Page 3 of this letter, please complete and return the attached Verification of Availability to bid **by Thursday, January 26, 2012, at 1:00 P.M. It is asked that Pages 2 and 3 are returned completed in their entirety. Failure to complete Pages 2 and 3 will result in this Verification of Availability to Bid Letter not being considered.**

Please review the attached project description and requirements.

The Verification of Availability may be sent **via facsimile transmission to (305) 375-3160 or via email to [kellyd@miamidade.gov](mailto:kellyd@miamidade.gov)**. If you have any questions, please contact me at (305) 375-3136.

Sincerely,

Kelly Duncombe  
Contract Development Specialist  
Small Business Development (SBD) Division  
Sustainability, Planning, and Economic Enhancement Department (SPEED)  
Miami-Dade County

Please access the new Project Review Process at <http://www.miamidade.gov/sba/reports-pra-csbe.asp>

**VERIFICATION OF AVAILABILITY TO BID**

SMALL BUSINESS DEVELOPMENT  
COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE) PROGRAM  
111 N.W. 1ST STREET, 19<sup>th</sup> FLOOR  
MIAMI, FLORIDA 33128  
PHONE: 375-3111 **FAX: 375-3160**

PROGRAM COORDINATOR: **Kelly Duncombe**

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:** MDAD Building 147 at Opa-Locka Executive Airport, Source Removal

**PROJECT NUMBER:** E08-DERM-01-008R1-AMEC

**Estimated Cost:** \$200,050.60

**(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</b> | <b>Project Completion Date</b> | <b>Anticipated Awards</b> |
|-----------------------------------|--------------------------------|---------------------------|
|                                   |                                |                           |
|                                   |                                |                           |
|                                   |                                |                           |

**SCOPE OF WORK:**

This project consists of the removal and disposal of a soakage pit, including 1300 gallons of liquid, and approximately 856 tons of contaminated soil.

**MINIMUM REQUIREMENTS:**

**This property is contaminated and therefore any excavation or removal work must be performed by personnel including subcontractors that are certified in accordance with OSHA standards in Hazardous Waste Operations and Emergency Response (HAZWOPER).**

Does your company possess a Hazardous Waste Operations and Emergency Response (HAZWOPER) certification from OSHA? \_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

Please Include a copy of the HAZWOPER certification from OSHA with this response.

| <b>Please list all projects completed which included the removal of contaminated soil (Name of Project and Project Number).</b> | <b>Value of Project</b> | <b>Project Completion Date</b> | <b>Scope of Work</b> |
|---|-------------------------|--------------------------------|----------------------|
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|   |                         |                                |                      |
|   |                         |                                |                      |

\_\_\_\_\_  
NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

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

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