



January 30, 2015

Project No: **BP #33 – Furnish Hollow Metal Frames, Furnish and Install Doors and Hardware**

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 SBE-Construction 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, FEBRUARY 2, 2015 (DUE TO THE NATURE OF THE PROJECT).** 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 [kellyd@miamidade.gov](mailto:kellyd@miamidade.gov)** . If you have any questions, please contact me at (305) 375-3147.

Sincerely,

**Kelly Duncombe**  
**Miami-Dade County Internal Services Dept**  
**Small Business Development Division**  
**111 NW 1<sup>st</sup> St. 19 Floor Miami, FL 33176**  
**305-375-3147 (P) 305-375-3160 (F)**  
[kellyd@miamidade.gov](mailto:kellyd@miamidade.gov)

*miamidade.gov*  
*Delivering Excellence Every Day*

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

Please access the new Project Review Process at <http://www.miamidade.gov/business/contracting-opportunities.asp>

**VERIFICATION OF AVAILABILITY TO BID**

INTERNAL SERVICES DEPARTMENT (ISD)  
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION  
SMALL BUSINESS ENTERPRISE-CONSTRUCTION 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: Furnish Hollow Metal Frames, Furnish and Install Doors and Hardware**

**PROJECT NUMBER: BP #33**

**Estimated Contract Amount:**

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

\_\_\_\_\_  
NAME OF SMALL BUSINESS ENTERPRISE-CONSTRUCTION (SBE-CONSTRUCTION)

\_\_\_\_\_  
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:** Furnish Hollow Metal Frames, Furnish and Install Doors and Hardware

**PROJECT NUMBER:** BP #33

**ESTIMATED CONTRACT AMOUNT:**

**SUBCONTRACTOR'S SCOPE OF WORK**

*See page 2-6 of BP-33 Furnish Hollow Metal Frames, Furnish and Install Doors and Hardware.*

**SPECIFIC REQUIREMENTS:**

*See pages 2-6 of BP-33 Furnish Hollow Metal Frames, Furnish and Install Doors and Hardware.*

**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: [kellyd@miamidade.gov](mailto:kellyd@miamidade.gov) or via fax (305) 375-3160 attention Ms. Kelly Duncombe. (you may select more than one option)

\_\_\_\_\_ Subcontractor (SUB) has experience working on projects with a similar size and scope to this project, meets the requirements as indicated in the attached document and can perform the work as required.

\_\_\_\_\_ Subcontractor (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 attached document.

**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**

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:** \_\_\_\_\_

# SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Work":

Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

---

---

---

Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

---

---

---

Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

---

---

---

## REASONS & COMMENTS

---

---

---

---

---

---