



June 20, 2013

Re: Project No. ITB 13-11096-SR
JMH Modernization of NICU B, C, & Intermediate Units

Dear Sir or Madam:

The above-referenced contract is being considered for small business contract measures. Please review the enclosed description of the project and requirements. 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 Tuesday, July 2, 2013, at 4:00 P.M. It is asked that Pages 2 - 4 are returned completed in their entirety. Failure to complete will result in this Verification of Availability to Bid Letter not being considered.**

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

Sincerely,

A handwritten signature in cursive script that reads "Kelly Duncombe".

Kelly Duncombe
Department of Regulatory and Economic Resources (RER)
Small Business Development (SBD) Division

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

VERIFICATION OF AVAILABILITY TO BID

DEPARTMENT OF REGULATORY AND ECONOMIC RESOURCES (RER)
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: **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: JMH Modernization of NICU B, C, & Intermediate Units

PROJECT NUMBER: ITB 13-11096-SR

Estimated Contract Amount: \$1,200,000

(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

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

**JMH Modernization of NICU B, C, & Intermediate Units
Project No. ITB 13-11096-SR**

SCOPE OF WORK: This project’s scope of work consists of all labor, materials, and management to complete modernization of the existing NICU B, C, & intermediate space located on the 5th floor of the Central Building. Minor work in electrical, mechanical, and plumbing is required. This project consists of approximately 11,300 square feet.

Estimated Cost: \$1,200,000.00

MINIMUM REQUIREMENTS AND SPECIAL CONDITIONS:

Bidders (General Contractors) shall have a minimum of three (3) years experience on similar size project to include working knowledge of complete interior renovations to NICU’s, Medical/floor suites of similar size, requiring protection to surrounding active patient care areas (ICRA), and familiar with current codes/requirements per authorities having jurisdiction (AHCA and City of Miami).

Bidders shall provide evidence of three (3) successfully completed AHCA projects, and evidence of two (2) successfully completed projects that demonstrated knowledge and experience in Class IV or higher ICRA precautions in the past five (5) years.

The Bidders proposed mechanical and electrical subcontractors shall provide evidence minimum of three (3) successfully completed AHCA projects in the past five (5) years. Bidders proposed plumbing subcontractors shall provide evidence of two (2) successfully completed AHCA projects in the past five (5) years, and the bidder’s millwork subcontractor shall provide evidence of being in business a minimum of three (3) years and provide evidence of successfully completed minimum of three (3) healthcare projects within the past five (5) years.

GENERAL CONTRACTORS

Has your company successfully completed three (3) AHCA projects, and completed two (2) projects that demonstrated knowledge and experience in Class IV ICRA precautions in the past five (5) years?

YES ___ NO ___

The Bidder (General Contractor) shall have a minimum of three (3) years experience on similar size project to include working knowledge of complete interior renovations to NICU’s, Medical/floor suites of similar size, requiring protection to surrounding active patient care areas (ICRA), and familiar with current codes/requirements per authorities having jurisdiction (AHCA and City of Miami).

Does your company meet with these requirements?

YES ___ NO ___

<p align="center">Similar Completed AHCA Reviewable Projects and Class IV or higher ICRA Precaution Projects (Name of Project and Owner) in Past 5 Years</p>	<p align="center">Project Completion Date</p>	<p align="center">Contract Amount</p>	<p align="center"><u>REFERENCES</u> Contact Name and Phone Number of Reference for Project</p>

MECHANICAL AND ELECTRICAL SUBCONTRACTORS

Has your company successfully completed a minimum of three (3) AHCA projects in the past five (5) years?

YES ____ NO ____

PLUMBING SUBCONTRACTORS

Has your company successfully completed a minimum of two (2) AHCA projects in the past five (5) years?

YES ____ NO ____

MILLWORK SUBCONTRACTORS

Has your company been in business a minimum of three (3) years?

YES ____ NO ____

Have you successfully completed a minimum of three (3) healthcare projects within the past five (5) years?

YES ____ NO ____

____ I “AM” interested in this solicitation.

____ I am “NOT” interested in this solicitation.

Similar Completed AHCA Reviewable Projects (Name of Project and Owner)	Project Completion Date	Contract Amount

Cost Estimate Breakdown

General Conditions	\$ 240,000
Demolition	\$ 25,000
Drywall	\$ 40,000
Door Hardware	\$ 20,000
Millwork	\$ 390,000
Flooring	\$ 110,000
Paint	\$ 48,000
Ceiling	\$ 65,000
Plumbing	\$ 69,000
Medical Gas	\$ 35,000
Mechanical (HVAC)	\$ 43,000
Electrical	\$115,000

Name of Firm: _____ **CSBE Exp. Date:** _____

Owner’s Name: _____ **Signature:** _____