



March 12, 2014

Re: Project No. ITB 14-11647-KG – **Jackson Medical Towers 9th Floor Human Resources Renovations**

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 in this letter, please complete and return the attached Verification of Availability to Bid by **Monday, March 17, 2014, at 1:00 P.M.** It is asked that **all pages are returned completed in its entirety. Failure to complete 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 coralee@miamidade.gov.** If you have any questions, please contact me at (305) 375-3115.

Sincerely,

**Coralee Taylor**, Contract Development Specialist 2  
Internal Services Department  
Small Business Development Division  
111 NW 1<sup>st</sup> Street, 19 fl  
Miami, FL 33128  
☎ (305) 375-3115 | 📠 (305) 375-3160  
[coralee@miamidade.gov](mailto:coralee@miamidade.gov)

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**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: **Coralee Taylor**

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:** Jackson Medical Towers 9<sup>th</sup> Floor Human Resources Renovations

**PROJECT NUMBER:** ITB 14-11647-KG

**Estimated Contract Amount:** \$534,940.00

(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**

**CONTRACT TITLE:** Jackson Medical Towers 9<sup>th</sup> Floor Human Resources Renovations

**PROJECT NUMBER:** ITB 14-11647-KG

**ESTIMATED CONTRACT AMOUNT:** \$534,940.00

**PROJECT DESCRIPTION – NINTH FLOOR**

The project scope of work includes the renovation of an existing space located on the 9<sup>th</sup> (ninth) Floor of Jackson Medical Tower of Jackson Memorial Hospital. This renovation includes new finishes throughout the entire floor, and mechanical, electrical and plumbing improvements as required by applicable building code(s) of the total **6,740 square foot space**. The Trades/Sub-trades are as follows:

<b><u>Trades/Sub-Trades</u></b>	<b><u>Estimated Cost</u></b>
Drywall/framing	\$43,530
Mechanical	145,330
Electrical	89,915
Fire Alarm	13,280
Plumbing	76,500
Fire sprinkler/Suppression System	13,410
Toilet, bath & Laundry Accessories	8,280
Painting	18,530
ICRA Labor	2,345
Doors & Framing	13,980
Demolition	17,280
Ceiling	46,830
Structural Work	7,730
Finishes	38,000

# 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: [coralee@miamidade.gov](mailto:coralee@miamidade.gov) or via fax (305) 375-3160 attention Mrs. Coralee Taylor.

\_\_\_\_\_ Proposer (General Contractors) hold a current Certificate of Competency and/or license from the State of Florida as either a RGC or CGC (Registered or State Certified General Contractor).

\_\_\_\_\_ Proposer has experience completing a minimum of two (2) successfully completed projects with similar size and scope as this project; of completing interior renovations to large medical offices and areas; protection to surrounding patient care areas - Infection Control Risk Assessment (ICRA Class III), within the past five (5) years, and familiar with current codes/requirements per authorities having jurisdiction (City of Miami).

Similar renovation contracts completed at hospitals/medical facilities within the past 5 years: (Name of Project and Owner)	Project Completion Date	Contract Amount	Project Contact Person & Telephone for Verification

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: \_\_\_\_\_