



January 15, 2016

Project No: **16-13814-JE**

Project Title: **JMH Central 2<sup>nd</sup> Floor Auditorium Modernization Project**

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, TUESDAY, JANUARY 19, 2016.** 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 [caesars@miamidade.gov](mailto:caesars@miamidade.gov).** If you have any questions, please contact me at (305) 375-3141.

Sincerely,

**Caesar Suarez**

SBD Capital Improvement Project Specialist  
Small Business Development Division  
Miami-Dade County Internal Services Department  
111 NW 1<sup>st</sup> Street, 19<sup>th</sup> Floor, Miami, FL 33128  
☎Office: (305) 375-3141 | 📠Fax: (305) 375-3160  
Email: [caesars@miamidade.gov](mailto:caesars@miamidade.gov)  
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**“Help stimulate Miami’s economy by supporting Small Businesses”**

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: **Caesar Suarez**

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 Central 2<sup>nd</sup> Floor Auditorium Modernization Project**

**PROJECT NUMBER:**                **16-13814-JE**

**Estimated Contract Amount:**   **\$550,000.00**

\_\_\_\_\_  
NAME OF SMALL BUSINESS ENTERPRISE CONSTRUCTION FIRM (SBE/CONS)

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

Certification Expiration: \_\_\_\_\_

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:** JMH Central 2<sup>nd</sup> Floor Auditorium Modernization Project

**PROJECT NUMBERS:** 16-13814-JE

**ESTIMATED CONTRACT AMOUNT:** \$550,000.00

### **BACKGROUND:**

The project scope of work consists of interior renovations of the auditorium that includes the auditorium space, entrance vestibule, office access corridor and media room (approximately 1767 square feet) to be utilized by the physician educators, graduate medical students, and a suitable alternative meeting space for the JMH Executive Leadership (EMLT). The project includes significant amount of mechanical, electrical, interior finishes/specialties, and acoustical specialty work for the auditorium: The estimated construction cost for this project is \$550,000.00.

**Can your firm satisfy the scope of work?**

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

**(If yes, please provide a copy of your firm's resume or list of projects or list 3 similar projects on the last page of this document)**

### **MINIMUM REQUIREMENT AND SPECIAL CONDITION:**

Bidders (Prime Contractor) must hold one of the following: a current, active, Certificate of Competency and/or license from the State of Florida as either an RGC or CGC (Registered or State Certified General Contractor). An equivalent Miami-Dade County Certificate of Competency in any of the aforementioned trades will also be acceptable in order to perform the scope of work as set forth in the bid documents. Mechanical and Electrical sub-contractors must hold a current, active, Certificate of Competency with Miami-Dade County and/or current, active, applicable license from the State of Florida in order to complete the scope of work. Bidders (Prime Contractors) must also provide evidence to have successfully completed a minimum of two (2) projects in the past five (5) years that required knowledge, experience and familiarity of Class III Infection Control Precautions (ICRA), or higher or provide a subcontracting plan with companies that have such ICRA experience.

Bidders must also have knowledge, experience, familiarity with current codes and requirements of authorities having jurisdiction, Agency for Health Care Administration (AHCA), Infection Control Risk Assessment (ICRA), Miami-Dade County Permitting Agencies and City of Miami Building Department.

Bidders must also have completed a minimum of one (1) similar project (Auditorium) of similar scope and size for a healthcare facility within the last five years or higher or provide a subcontracting plan with companies that have such ICRA experience.

**Does your firm hold a current, active, Certificate of Competency and/or license from the State of Florida as an RGC or CGC? (Registered or State Certified General Contractor)**

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

**Has your firm completed a minimum of one (1) project in the past five (5) years that required renovations of an auditorium of similar scope and size for a healthcare facility within the last five (5) years?**

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

The Bidder (Prime Contractor) must also provide evidence that they have completed two (2) projects in the past five (5) years that required knowledge and experience of Class III Infection Control Precautions (ICRA) or higher or provide a subcontracting plan with companies that have such ICRA experience.

**Has your firm completed two (2) projects in the past five (5) years that required knowledge and experience of Class III Infection Control Precautions (ICRA)?**

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

**If no, can your firm provide a subcontracting plan with companies that have such ICRA experience?**

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

Mechanical and Plumbing sub-contractors must hold a current, active, license from the State of Florida in order to complete the scope of work.

**If your firm is a Mechanical/Plumbing firm, does your firm hold a current, active, applicable license from the State of Florida?**

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

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

	<b>Estimated Cost</b>	<b>Yes or No</b>
1. Mechanical	\$ 90,000.00	_____
2. Demolition	\$ 35,000.00	_____
3. Structure	\$ 30,000.00	_____
4. Fire Alarm	\$ 10,000.00	_____
5. Flooring	\$ 50,000.00	_____
6. Interior Finishes/Specialties	\$ 90,000.00	_____
7. Acoustical Specialties	\$ 120,000.00	_____
8. Low Voltage Data	\$ 10,000.00	_____
9. Fire Sprinkler	\$ 5,000.00	_____
<b>Total Estimated Contract</b>	<b>\$550,000.00</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: [caesars@miamidade.gov](mailto:caesars@miamidade.gov) or via fax (305) 375-3160 attention Caesar Suarez.

\_\_\_\_\_ 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) has experience similar scopes of work and 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):

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Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$\_\_\_\_\_

Scope of Service(s):

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Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$\_\_\_\_\_

Scope of Service(s):

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## REASONS & COMMENTS

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