

# Memorandum



**Date:** 10/31/2017

**To:** **Laurie Johnson**  
SBD Section Chief, Internal Service Department  
Small Business Department

**From:** Francisco M. Trujillo, RA  
Construction Manager 1

A handwritten signature in black ink, appearing to read "F. Trujillo", written over the printed name and title.

**Subject:** Review Committee - Notification Only for Federally Funded Malcom Ross  
emergency grease traps installations

**SENT VIA EMAIL**

PHCD respectfully requests that the following **federally funded** item be submitted to the  
Review Committee (RC) for **information purposes only**  
Project RPQ 17742

Thank you for your assistance, I can be reached at (786) 469-4125 Email:  
**[frujil@miamidade.gov](mailto:frujil@miamidade.gov)**

CC: Gary Hartfield, SBD Director

**ANALYSIS FOR CSBE GOAL RECOMMENDATION**

**PROJECT TITLE:**

**FUNDING SOURCE: DESCRIPTION**

**PROJECT NUMBER:**

**OF PROJECT:**

**DEPARTMENT:**

Malcom Ross / Myers Center

**ESTIMATED COST OF CONSTRUCTION:**

PHCD

\$7,703.29

Federal-

US

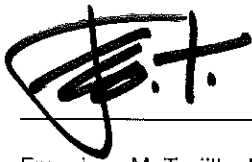
HUD

Improvements to Annie Coleman

**TASK DESCRIPTION**

**ESTIMATED UNITS ESTIMATED CSBE COSTS CSBE QUANTITY  
COST**

**TOTAL CONSTRUCTION**      \$7,703.29



10/31/2017

Francisco M. Trujillo, RA

Construction Manager 1, PHCD

Date Submitted to DBD

**DEPARTMENT INPUT**

**CONSTRUCTION CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION**

Check applicable Ordinance(s):  Davis Bacon     03-237 (formerly 03-1) Community Workforce Program

**PROJECT INFORMATION**    See attachment

Contract/Project/\*Work Order No.: Little River Plaza emergency improvements \*Reference corresponding project number when submitting a work order

Contract/Project Title: MCC 7360 Plan-CICC7360-0/08

Description/Scope of Work: Description of the Work (Project):

**Emergency installation of grease traps required by DERM**

**Approximate Construction Budget for this project is:**

Estimated Cost: \$7703.29      Funding Source: US HUD

Location of Project scattered sites

**PROJECT ANALYSIS FOR GOAL RECOMMENDATION (CWP)**    See attachment

Engineer/Department or Agency's estimated required workforce for Project  Work Order :

Trade/Skills Required	Est. # of workforce required per trade	Est. # of total days to complete job
<i>Plumber</i>	<i>1</i>	<i>60 calendar days</i>
	<i>0</i>	

Comments: \_\_\_\_\_

**PROJECT ANALYSIS FOR GOAL RECOMMENDATION (CSBE)**    See attachment

Sub-Trade	Est. Cost	% of Item to Base Bid	Availability

**RECOMMENDATION**

Set-Aside: Level 1  Level 2  Level 3  Trade Set-Aside  Sub-Contractor Goal  Workforce Goal  No Measure

Basis for Recommendation: \_\_\_\_\_

Date submitted to DBD: 10/31/2017

Contact Person: Francisco Trujillo

Telephone No.: 786-469-4125



**Public Housing and  
Community Development**

701 NW 1st Court  
Miami, FL 33136



**MIAMI-DADE COUNTY, FLORIDA**

REQUEST FOR PRICE QUOTATION (RPQ)

Contract No: MCC 7360 Plan - CICC 7360-0/08

RPQ No: 17742

This RPQ is issued under the terms and conditions of the MCC 7360 Plan .

Date Issued: 12/12/2016

Bid Date Due: 12/15/2016

Time Due: 10:00 AM

Bid shall be Submitted Via: EMail to:

Name: FRANCISCO TRUJILLO

E-Mail: FTRUJIL@MIAMIDADE.GOV

Address: 701 NW 1 CT

Fax: 786-469-4151

RPQ Added: 10/31/2017 User Bidder Request: N/A Bond Adm./OMB Approval: N/A Bidders Added: N/A

Project Number: FLA 5-62

Estimated Value: \$7,703.29

(excluding contingencies and dedicated allowances)

Project Name: MALCOM ROSS / MYERS CENTER

Emergency: Y

Project Location: 2800 NW 18 AVE

ESP: N UAP: N

Department Contact: Lissette Martinez

Phone No: 786-469-4127

Fax No:

Project Manager: Francisco Trujillo

Phone No: 786-469-4125

Fax No: 786-469-4151

Document Pickup: Contact: FRANCISCO TRUJILLO

Phone: 786-469-4125

Date: 12/9/2016

Document Pickup: Location: 701 NW 1 CT

	Mandatory:	Date:	Time:	Location:
PreBid Meeting: <u>Y</u>	<u>N</u>	<u>12/2/2016</u>	<u>10:00 AM</u>	<u>2800 NW 18 AVE</u>
Site Meeting: <u>Y</u>	<u>N</u>	<u>12/2/2016</u>	<u>10:00 AM</u>	<u>2800 NW 18 AVE</u>

Type of Contract: Single Trade

Method of Award: Emergency

Performance/Payment Bond Required: N

Bid Bond Required: N

Insurance Required: Y

Addition Insurance Required: N

Addition Insurance Amount: \$0.00

Funded or reimbursed by LAP Agreements with FDOT: N

AIPP: N \$0.00

Comm Dist: District 3

Davis Bacon: N

Prevailing Wage Rate Requirements: N/A

SBD Subcontract Forms Required: N

Date Advertised: 12/1/2016

SBD Review Date:

SBE-Con. Requirements: N 0.00%

Trade Set-a-side: N

SBE-G/S Requirements: N 0.00%

DBE Requirements: N 0.00%

DBE Subcontract Forms Required: N

CWP Requirements: N 0.00%

Trade: Plumber, Master (Primary)

Anticipated Start Date: 12/20/2016

Calendar Days for Project Completion: 60

Liquidated Damages / \$\$ Per day: N \$50.00

Method of Payment: Lump Sum

Awarded To:

SBE-Con. Exp Date:

Paid Amt: \$0.00

Collusion Affidavit Received: N

Date Collusion Affidavit Received:

Base Amt: \$0.00

Cont Amt: \$0.00

Ded Amt: \$0.00

Award Amt: \$0.00

Insurance:

ISD Reviewed: N

Date Approved:

GL Ins Exp Dt:

P & P Bond:

Risk Approved: N

Date Approved:

WC Ins Exp Dt:

AL Ins Exp Dt:

**Scope of Work:** (Contractor must obtain and submit all permits prior to performing any work.)  
INSTALL GREASE TRAPS AT KITCHEN SINKS

**Design Drawings Included:** N

**Shop Drawings Included:** N

**Specifications Included:** N

**Project Qualifier:**

**Phone No:**

**E-Mail:**

**Comments:**

*In accordance with Miami-Dade County Implementing Order 3-9, Accounts Receivable Adjustments, if money is owed by the Contractor to the County, whether under this Contract or for any other purpose, the County reserves the right to retain such amount from payment due by County to the Contractor under this Contract. Such retained amount shall be applied to the amount owed by the Contractor to the County. The Contractor shall have no further claim to such retained amounts which shall be deemed full accord and satisfaction of the amount due by the County to the Contractor for the applicable payment due herein.*

INSTALL GREASE TRAPS AT KITCHEN SINKS. THIS IS A REQUIREMENT TO PASS THE CERTIFICATE OF USE

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