



May 6, 2022

**Project No:** RPQ No. 18297-22  
**Estimated Contract Amount:** \$184,250.00  
**Project Title:** Transfer Station Tipping Floor Project – Phase II


The above-referenced contract is being considered for small business SBE/Construction 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 **5:00 PM, WEDNESDAY, MAY 11, 2021.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160** or **via email to [twj@miamidade.gov](mailto:twj@miamidade.gov)**. If you have any questions, please contact me at (305) 375-2824.

Sincerely,

**Tyrone White**  
SBD Capital Construction Projects Specialist  
Small Business Development Division  
Miami-Dade County Internal Services Department  
111 NW 1<sup>st</sup> Street, Miami, FL 33128  
☎Office: (305) 375-2824 | 📠Fax: (305) 375-3160  
Email: [twj@miamidade.gov](mailto:twj@miamidade.gov)  
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**ATTENTION!** Small Business Development is here to assist our small businesses with your COVID-19 resources and updates. Please visit <https://mdcsbd.gob2g.com/Default.asp?> and click on "View Outreach opportunities" 

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



## VERIFICATION OF AVAILABILITY TO BID

**CONTRACT TITLE:** TRANSFER STATION TIPPING FLOOR PROJECT – PHASE II

**PROJECT NUMBER:** RPQ No. 18292-22

**ESTIMATED CONTRACT AMOUNT:** \$184,250.00

**DESCRIPTION OF PROJECT:**

This project is for the construction work to restore existing fenders located at Miami-Dade County Seaboard Department.

**SCOPE OF SERVICES:**

DSWM requires services to complete specialized tipping floor construction services at the DSWM's Central Transfer Station.

The project contains options that may be exercised at the sole discretion of DSWM.

License Requirements:

- *State of Florida General Contractor's License (Primary)*
- *Concrete Finishing (Sub)*

**Project Location:**

2900 NW 20 Street, Miami, FL 33147

**LICENSE REQUIREMENTS:**

The types of licenses required are: State General Building Contractor (Prime), Concrete Finishing (Sub) and/or other categories as applicable by Chapter 489 of the Florida Statutes or Chapter 10 of Miami-Dade County Code.

**CONTRACTOR REQUIREMENTS:**

Construction services are to be completed with specialized equipment and sequencing efforts. In addition, the Contractor must meet the below:

Contractor must have previous experience installing Emerytop400 or Owner Approved Equal topping within the past 3 years. Installer must be an ACI certified Specialty Commercial/Industrial Flatwork Finisher.

**Does your firm have experience installing Emerytop400 or Owner Approved Equal topping within the past 3 years? Yes \_\_\_\_\_ or No \_\_\_\_\_**

**Is your firm an ACI certified Specialty Commercial/Industrial Flatwork Finisher? Yes \_\_\_\_\_ or No \_\_\_\_\_**

Please indicate which scope(s) of work your firm can perform by placing a yes or no next to each line item in the table referenced below:

Item No.	Description	Unit	Quantity	Can your firm perform/provide this work?
001	Mobilization/Demobilization	LS	1	
002	Install Portland Cement Concrete, 2" Heavy duty Emerytop 400 Aggregate concrete topping, Evaporation Retardant, Curing compound, Rigid Joint Filler, and Latex Acrylic Bonding Agent	SF	3,000	
003	Complete Blacktopping (Optional at Owner's Discretion)	LS	1	

004	Stripping using Thermoplast (Optional at Owner's Discretion)	LS	1	
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**Contractor Qualifications Questionnaire**

This questionnaire will assist SBD in identifying the qualified vendors that “comply” to provide 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: [twj@miamidade.gov](mailto:twj@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):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_  
Scope of Service(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_  
Scope of Service(s):  
\_\_\_\_\_  
\_\_\_\_\_  
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## REASONS & COMMENTS

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