SBD is attempting to place a Small Business Measure on RQET1500025. Please review this document to determine if your firm would be able to provide the scope of services below and is willing to participate on this solicitation. If your firm is interested, please include a copy of your firm’s resume or list of projects or list 3 similar projects on the last page of this document.

The deadline to respond to this Verification of Availability is 3:00 PM, Tuesday, September 1, 2015.

Tyrone White
Contract Certification Specialist
Miami-Dade County Small Business Development Division
Office: (305) 375-3123
Fax: (305) 375-3160
Email: twj@miamidade.gov

“Help stimulate Miami’s economy by supporting Small Businesses”

Please familiarize yourself with the Project Review Process Website: http://www.miamidade.gov/smallbusiness/projects-under-review.asp
INTERNAL SERVICES DEPARTMENT (ISD)  
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

CONTRACT SPECIALIST: Tyrone White  
I am herewith submitting this letter of verification of availability and capability to propose, 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: LABORATORY INFORMATION MANAGEMENT SYSTEM  
PROJECT NUMBER: RQET1500025  
Estimated Contract Amount: $4,237,000/3 years  
(Scope of work and minimum requirements for this project is attached.)

NAME OF FIRM

__________________________________________________________
ADDRESS                                                CITY                                 ZIP CODE

Certification Expires: ____________
DATE

Telephone: (___ ___) ___ ___ - ___ ___ ___

________________________________________________             ________________
PRINT NAME AND TITLE                             SIGNATURE OF COMPANY REPRESENTATIVE                       DATE

Currently Awarded Projects
(��ame of Project and Owner)  |  Project Completion Date  |  Contract Amount  |  Anticipated Awards
---|---|---|---

|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
VERIFICATION OF AVAILABILITY TO PROPOSE

CONTRACT TITLE: LABORATORY INFORMATION MANAGEMENT SYSTEM
PROJECT NUMBERS: RQET1500025
ESTIMATED CONTRACT AMOUNT: $4,237,000/3 years

SECTION 2 - SPECIAL TERMS AND CONDITIONS

2.1 INTRODUCTION
Miami-Dade County, hereinafter referred to as the “County”, as represented by the Miami-Dade Police Department, hereinafter referred to as “MDPD”, is soliciting proposals for a turn-key configurable commercial off-the-shelf Laboratory Information Management System (LIMS) for use in multiple areas of the Miami-Dade Police Department. The selected Proposer will be responsible for delivery of a turn-key LIMS solution inclusive of all software licensing, implementation, configuration, data conversion, training, maintenance, and support services. LIMS will be used by all County law enforcement agencies and external municipal, State, and Federal agencies. For this reason, the proposed LIMS shall be configured to provide external agencies access to the LIMS via the internet based on defined user roles and security permissions.

Can your firm provide a turn-key configurable commercial off-the-shelf Laboratory Information Management System (LIMS) for use in multiple areas of the Miami-Dade Police Department?
Yes _____ No _____

Can your firm provide the delivery of a turn-key LIMS solution inclusive of all software licensing, implementation, integration, configuration, data conversion, training, maintenance, and support services?
Yes _____ No _____

2.2 OBJECTIVE
The objective of this solicitation is to obtain a Solution that completely and accurately manages the entirety of the laboratory information management solution. MDPD intends to replace its antiquated and unsupported Property and Evidence Tracking System application with a modern and state-of-the-art turn-key configurable, commercially available Laboratory Information Management System (LIMS). The Proposed LIMS shall be inclusive of all software, and licenses necessary for the proper operation of the system.

Can your firm provide a Solution that completely and accurately manages the entirety of the laboratory information management solution?
Yes _____ No _____

2.3 BACKGROUND
Currently, MDPD uses an internally developed Property and Evidence Tracking System (PETS) to assist in operations. PETS is a client-server application with approximately 800 users. It is written in PowerBuilder 11.5 and uses an Oracle 10g database. PETS contains the following system modules: Property and Evidence, Biology/DNA, Analytical/Chemistry, Forensic Identification (CERF, Firearms, Toolmark), Investigative/Crime Scene, Forensic Imaging, Fingerprint/Latent, Equipment Tracking System (ETS), Vehicle Tracking Systems (VTS), Career Development System (CDS), Critical Incident Logistics Unit (CILU), Warrant Tracking System (WTS), and Subpoena Tracking System (STS).

PETS provides email notifications of links made in the National Integrated Ballistic Information Network (NIBIN) and provides Chemistry reports to lead MDPD investigators. In addition, PETS makes chemistry reports available via the internet to the State Attorney’s Office.

2.4 SERVICES TO BE PROVIDED
The selected Proposer will be responsible for delivery of a complete turn-key Laboratory Information System Solution inclusive of all software licensing, implementation, integration, configuration, data conversion, training, maintenance, and support services.
Does your firm understand that it will be responsible for delivery of a complete turn-key Laboratory Information System Solution inclusive of all software licensing, implementation, integration, configuration, data conversion, training, maintenance, and support services?
Yes _____ No _____

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that can provide the aforementioned good(s)/service(s). 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 or via fax (305) 375-3160 attention Mr. Tyrone White.

_____ 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.

_____ PRIME DOES NOT have experience providing the required good(s) and/or services required by this solicitation.

I certify that to the best of my knowledge all the information provided is verifiable and correct.

Name of Firm: ________________________ Certification #: _____________
Representative’s Name: ______________________________
Title: __________________ Signature: ______________________________

Please respond by 3:00 PM, Tuesday, September 1, 2015.

Any questions, feel free to contact me at the number below.

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
| 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): | ______________________________________________________________ |

**REASONS & COMMENTS**

________________________________________________________________________
________________________________________________________________________
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