**Immobilization Backboards For MDFR**

**Estimated Cost - $150,000.00 (For 60 months/5 years)**

**RQID1600073 - Verification of Availability**

*August 15, 2016*

SBD is attempting to place a Small Business Measure on RQID1600073. Please review this document to determine if your firm would be able to provide the contract's scope of services 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 **10:00 AM, FRIDAY, August 19, 2016.**

**Caesar Suarez**
SBD Capital Improvement Project Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
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Email: afc@miamidade.gov
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“Help stimulate Miami’s economy by supporting Small Businesses”

Please familiarize yourself with the Project Review Process Website:
VERIFICATION OF AVAILABILITY TO BID

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: 375-3141  FAX: 375-3160

CONTRACT SPECIALIST: 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: Immobilization Backboards For MDFR
PROJECT NUMBER: RQID1600073

ESTIMATED AMOUNT: $150,000.00 (For 60 months/5 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

<table>
<thead>
<tr>
<th>Currently Awarded Projects (Name of Project and Owner)</th>
<th>Project Completion Date</th>
<th>Contract Amount</th>
<th>Anticipated Awards</th>
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VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Immobilization Backboards For MDFR

PROJECT NO. RQID1600073

ESTIMATED CONTRACT AMOUNT: $150,000.00 (For 60 months/5 years)

2.1 PURPOSE

The purpose of this solicitation is to establish a contract for the purchase of Immobilization Backboards for Miami-Dade County Fire Rescue Department (MDFR) on an as needed basis.

Can your firm satisfy the purpose of this solicitation?
Yes _____ No _____

2.2 TERM OF CONTRACT: SIXTY (60) MONTHS

This contract shall commence upon approval of the contract by the Board of County Commissioners, or designee, unless otherwise stipulated in the Notice of Award Letter which is distributed by the County’s Department of Procurement Management, and contingent upon the completion and submittal of all required bid documents. The contract shall remain in effect for five (5) years and shall expire on the last day of the month of the five (5) year period.

Can your firm satisfy the term of contract as referenced in the solicitation above?
Yes _____ No _____

2.3 METHOD OF AWARD: To Lowest Priced Vendor by Item

Award will be made to the lowest, responsive and responsible vendor who submits the lowest price for the item being awarded.

2.4 INDEMNIFICATION AND INSURANCE

TBD

2.5 SMALL BUSINESS ENTERPRISES (SBE) MEASURE (SET-ASIDE)

TBD

2.6 PRICES SHALL BE FIXED

If the vendor is awarded a contract under this solicitation, the prices proposed by the vendor shall remain fixed for the term of the contract. The only exception in this regard is that this fixed price shall be adjusted upward or downward based on the following
SOLICITATION TITLE: IMMOBILIZATION BACKBOARDS

price index list: Consumer Price Index (CPI) - All Urban Consumers, All Items for the Miami-Fort Lauderdale Area as published by the Bureau of Labor Statistics, Department of Labor. This report can be accessed at www.bls.gov/cpi.

Ninety (90) days prior to the expiration of the then anniversary date, the vendor may submit a price adjustment to the County.

It shall be further understood that the County reserves the right to reject any price adjustments submitted by the vendor and/or to terminate the contract with the vendor based on such price adjustments.

2.7 SHIPPING TERMS: F.O.B. DESTINATION

All bidders shall quote prices based on F.O.B. Destination and shall hold title to the goods until such time as they are delivered to, and accepted by, an authorized County representative at the Miami-Dade Fire Rescue Department.

2.8 DELIVERY SHALL BE THIRTY (30) DAYS AFTER DATE OF ORDER

The vendor shall make deliveries within thirty (30) calendar days after the date of the order. All deliveries shall be made in accordance with good commercial practice and all required delivery timeframes shall be adhered to by the vendor except when the delivery will be delayed due to acts of nature, strikes, or other causes beyond the control of the vendor. In these cases, the vendor shall notify the County of the delay in advance of the original delivery date so that a revised delivery schedule may be appropriately considered by the County.

Should the vendor to whom the contract is awarded fail to deliver in the number of days as stated above, the County reserves the right to cancel the contract on a default basis after any back order period that has been specified in this contract has lapsed. If the contract is so terminated, it is hereby understood and agreed that the County has the authority to purchase the goods elsewhere and to charge the incumbent vendor with any re-procurement costs. If the vendor fails to honor these re-procurement costs, the County may terminate the contract for default.

Certain County employees may be authorized in writing to pick-up materials under this contract. Vendors shall require written authorization. The vendor shall maintain a copy of the authorization. If the vendor is in doubt about any aspect of material pick-up, vendor shall contact the appropriate user department to confirm the authorization.

2.9 BACKORDER DELAYS IN DELIVERY SHALL NOT BE ALLOWED

The County shall not allow any late deliveries attributed to product back order situations under this contract. Accordingly, the vendor is required to deliver all items to the County within the time specified in this solicitation and resultant contract. No grace period on account of backorder situations shall be honored, unless written authorization is issued by the User Department, and a new delivery date is mutually established. In the event that the vendor fails to deliver the products within the time specified, the County reserves
the right to cancel the order, seek the items from another vendor, and charge the incumbent vendor for any re-procurement costs. If the vendor fails to honor these re-procurement costs, the County may terminate the contract for default.

2.10 **AVAILABILITY OF CONTRACT TO OTHER COUNTY DEPARTMENTS**

Although this Solicitation is specific to a County Department, it is hereby agreed and understood that any County department or agency may avail itself of this contract and purchase any and all items specified herein from the successful bidder at the contract price established herein. Under these circumstances, a separate purchase order shall be issued by the County, which identifies the requirements of the additional County department(s) or agency(ies).

2.11 **COMPLIANCE WITH FEDERAL STANDARDS**

All items to be purchased under this contract shall be in accordance with all governmental standards, to include, but not be limited to, those issued by the Occupational Safety and Health Administration (OSHA), the National Institute of Occupational Safety Hazards (NIOSH), and the National Fire Protection Association (NFPA).

2.12 **PACKING SLIP/DELIVERY TICKET TO ACCOMPANY ITEMS DURING DELIVERY:**

The successful bidder shall enclose a complete packing slip or delivery ticket with any items to be delivered in conjunction with this bid solicitation. The packing slip shall be attached to the shipping carton(s) which contain the items and shall be made available to the County's authorized representative during delivery. The packing slip or delivery ticket shall include, at a minimum, the following information: Purchase Order Number; Date of Order; a Complete Listing of Items Being Delivered, and Backorder Quantities and Estimated Delivery of Backorders, if applicable.

2.13 **PURCHASE OF OTHER ITEMS NOT LISTED ON THIS SOLICITATION**

While the County has listed all major items within this solicitation which are utilized by County departments in conjunction with their operations, there may be similar items that must be purchased by the County during the term of this contract. Under these circumstances, a County representative will contact the primary vendor to obtain a price quote for the similar items. If there are multiple vendors on the contract, the County representative may also obtain price quotes from these vendors. The County reserves the right to award these similar items to the awarded contract vendor or another contract vendor based on the lowest price quoted, or to acquire the items through a separate solicitation.

Can your firm satisfy the terms and requirements as referenced in section(s) 2.3 – 2.13 in the Solicitation as referenced above?

Yes _____ No _____
3.1 SCOPE OF WORK

The following specifications describe Immobilization Long Spine Backboards for the Miami-Dade Fire Rescue Department (MDFR) and other governmental agencies. Backboards shall include Star of Life custom graphic with the following Fire Department’s acronyms going around the symbol: HFD, CGFD, MBFD, MFD, AMR, KBFD and MDFD. The awarded vendor must be able to deliver 150 backboards within seventy two (72) hours to any designated location within Miami-Dade County, Florida in the event of an emergency.

Can your firm satisfy the scope of work as referenced above?
Yes _____ No _____

3.2 SPECIFICATIONS

- FERNO NAJO RediHold® Long Spine Board without pins, orange in color.
- Measurement: 16” W x 72” L x 2” H
- Weight: 16 lbs.
- Load Capacity: 600 lbs
- FERNO Part No. BSBN-RH
- Star of Life custom graphic with acronyms HFD, CGFD, MBFD, MFD, AMR, KBFD and MDFD going around symbol, graphic and lettering must be black in color, with a measurement of 9” W x 8.9” H, .25 cuts (indicated by dash lines) = 9 ½” W x 9.4” H molded into plastic. See image below.

Can your firm satisfy the specifications as referenced above?
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: 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 of the PROPOSER (if any) 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 10:00 AM, Friday, August 19, 2016.
Any questions, feel free to contact me at the number above.

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 attach a copy of your firm’s resume or list your firm’s history of “Projects with Similar Scopes of Services” below:

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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Project Title: ____________________________________________________________
Client Name: _____________________________________________________________
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Contract Amount: $____________________________
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_____________________________________________________________________
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REASONS & COMMENTS