SBD is attempting to place a Small Business Measure on RQPW1600003. 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 3:45 PM, WEDNESDAY, January 13, 2016.

Caesar Suarez
Capital Construction Projects Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
111 NW 1st Street, 19th Floor, Miami, FL 33128
Office: (305) 375-3123 Fax: (305) 375-3160
Email: caesars@miamidade.gov
Connect With Us on Twitter | Facebook | Instagram

“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: 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: Repair of Central Transfer Station Compactors

PROJECT NUMBER: RQPW1600003

Estimated Contract Amount: $400,000.00/1 year

(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

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

CONTRACT TITLE: Repair of Central Transfer Station Compactors
PROJECT NUMBERS: RQPW1600003
ESTIMATED CONTRACT AMOUNT: $400,000.00/1 year

PROJECT BACKGROUND:
This facility’s operating consists of receiving solid waste at an elevated tipping floor from which it is conveyed to six (6) Marathon compactors depending on the type of waste. Compactors #1, #2, #3, and #4 receive garbage and compactors #5 and #6 are dedicated to trash. By compacting the waste in the trucks, the transfer of waste is optimized. This equipment is critical to the disposal operations because they are integral to the operational design of the facility and it is the only way that the transfer of trailers may be loaded at this site. Compactors #3 and #4 located at the Central Transfer Station are currently not working properly, and although they are still operational, they are due for repairs and refurbishment. Further damage to this equipment will result in stoppage of the machines, forcing the facility to operate at a lower capacity and hindering operations system-wide.

PURPOSE:
This request for solicitation is to establish a vendor capable of repairing compactors #3 & #4 located at the Public Works and Waste Management Department’s Central Transfer Station.

Can your firm satisfy the purpose of this solicitation?
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)

SCOPE OF WORK:
The work that is anticipated to be needed at this facility for the purpose of refurbishing Compactors #3 and #4 is as follows:

- Inspect condition of body of compactor, outside and inside for structural damage.
- Remove internal parts, including rams, blades, cylinders and associated appurtenances such as fastening equipment and hold-downs.
- Replace internal parts and appurtenances with new and repair compactor chamber including floors, liners and other equipment identified in the inspection.
- Make any necessary repairs and adjustments to body of compactor including leg supports, sheet metal, latch assemblies, clean-out compartments, structural bases and trailer lock-claw assemblies. Two new t-handle latch assemblies on each of the rear doors behind the cylinders of each unit shall be installed. Clean-out compartments shall have two doors each.
- Inspect all welds and repair or re-weld as needed.
- Pressure wash each unit on inside and outside. Wire brush or grind and apply "OSPHO" to rust areas.
- Apply prime coat to inside of units and rams as may be applicable or required and apply dark green enamel to outside of each unit. Prime coat and enamel shall all be industrial grade and oil-based as per manufacturer’s recommendations. Safety labels shall be placed as required.
- Grout under compactor pier plates is to be inspected and repaired as necessary.
- Inspect and evaluate condition of removed internal parts of compactor for refurbishment and provide cost estimate.
- The vendor must be an authorized dealer or service provider for Marathon Equipment Company products.
- Warranty shall be for no less than 90 days on parts and 180 days on labor
- If it is determined that additional work needs to be completed, such work must be approved by the County prior to commencing the additional work.

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

Is your firm an authorized dealer or service provider for Marathon Equipment Company products?
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@miamidad.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/SUB 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 3:45 PM, Wednesday, January 13, 2016.

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
SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please submit 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):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Project Title: ______________________________________________________________
Client Name: ______________________________________________________________
Contact #: (___) ___ ___-___ ___/____________________________________________
Contract Amount: $__________________________
Scope of Service(s):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

REASONS & COMMENTS