



January 30, 2015

Project No: **BP #13 – UNDERBOWL SUBROOF SYSTEM**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES/GOALS TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a SBE-Construction 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, MONDAY, FEBRUARY 2, 2015 (DUE TO THE NATURE OF THE PROJECT).** It is asked that all pages are returned completed in its entirety. Failure to do so will result in this Verification of Availability to Bid Letter not being considered.

Please review the enclosed description of the project.

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to twj@miamidade.gov**. If you have any questions, please contact me at (305) 375-3123.

Sincerely,

Roberto Tirado
Construction Field Assistant
Miami-Dade County Internal Services Dept
Small Business Development Division
111 NW 1st St. 19 Floor Miami, FL 33176
305-375-3125 (P) 305-375-3160 (F)
rim@miamidade.gov

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

Please access the new Project Review Process at <http://www.miamidade.gov/business/contracting-opportunities.asp>

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: 375-3111 FAX: 375-3160

PROGRAM COORDINATOR: **Roberto Tirado**

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: UNDERBOWL SUBROOF SYSTEM

PROJECT NUMBER: BP #13

Estimated Contract Amount:

(Scope of work and minimum requirements for this project is attached.)

NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

ADDRESS CITY ZIP CODE

Certification Expires: _____
DATE

Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE DATE

| Currently Awarded Projects (Name of Project and Owner) | Project Completion Date | Contract Amount | Anticipated Awards |
|---|-------------------------------|--------------------|--------------------|
| | | | |
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VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: UNDERBOWL SUBROOF SYSTEM

PROJECT NUMBER: BP #13

ESTIMATED CONTRACT AMOUNT:

SUBCONTRACTOR'S SCOPE OF WORK

See page 4 & 5 of BP-13 Underbowl Subroof System Project Package.

SPECIFIC REQUIREMENTS:

See pages 4 & 5 of BP-13 Underbowl Subroof System Project Package.

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that “comply” to perform 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: rim@miamidade.gov or via fax (305) 375-3160 attention Mr. Roberto Tirado. (you may select more than one option)

_____ Sub-consultant (SUB) has experience working on projects with a similar size and scope to this project, meets the requirements as indicated in the attached document and can perform the work as required.

_____ Sub-consultant (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 attached document.

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

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:** _____

SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Work":

Project Title: _____
Client Name: _____
Contact #: (____) _____ - _____ / _____
Scope of Work: _____

Project Title: _____
Client Name: _____
Contact #: (____) _____ - _____ / _____
Scope of Work: _____

Project Title: _____
Client Name: _____
Contact #: (____) _____ - _____ / _____
Scope of Work: _____

REASONS & COMMENTS
