



May 29, 2014

Re: Project No. **ITB 14-11960-SR – JMH Campus-Wide Air Handler Unit (AHU) Replacements**

Dear Sir or Madam:

The above-referenced contract is being considered for small business contract measures. If you are interested in participating as a CSBE 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 **Wednesday, June 4, 2014, at 4:00 P.M.** It is asked that all pages are returned completed in its entirety. Failure to complete 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 coralee@miamidade.gov.** If you have any questions, please contact me at (305) 375-3115.

Sincerely,

Coralee Taylor

Internal Services Department
Small Business Development Division
111 NW 1st Street, 19 fl
Miami, FL 33128
☎ (305) 375-3115 | 📠 (305) 375-3160
coralee@miamidade.gov

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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: **Coralee Taylor**

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: JMH Campus-Wide Air Handler Unit (AHU) Replacements

PROJECT NUMBER: ITB 14-11960-SR

Estimated Contract Amount: \$1,500,000.00

(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

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: JMH Campus-Wide Air Handler Unit (AHU) Replacements

PROJECT NUMBER: ITB 14-11960-SR

ESTIMATED CONTRACT AMOUNT: \$1,500,000.00

PROJECT DESCRIPTION

The scope of work includes the replacement of **seventeen (17) Air Handler Units** located throughout various buildings of Jackson Memorial Hospital Main Campus. The AHUs to be replaced are #154, 156, 160, 161, 230, 145, 147, 227 (Central Building), #25, and 28 (North Wing), #238, 241, 242 (Diagnostic Treatment Center), #67, and 70 (Annex Building), and #5 and 6 (South Wing). The work is HVAC related, along with associated electrical work. Additionally included is carpentry work associated with ICRA containment erection and maintenance.

Minimum Requirements and Special Conditions:

Bidders shall at a minimum be in possession of either **CA or RA (Registered or State Certified Class A Air Conditioning Contractor) or CM or RM (Registered or State Certified Mechanical Contractor) in the State of Florida**. The bidder shall have a minimum of three (3) years experience on similar projects that included replacement of major HVAC components in a healthcare environment. Experience must include Infection Control precautions for active patient care areas (ICRA) and familiarity with current code requirements per authorities having jurisdiction (AHCA & City of Miami). Bidder must provide evidence of at least two (2) successfully completed projects which had review and/or oversight by the State of Florida Agency for Health Care Administration (ACHA), which included AHU replacements in the past six (6) years. Bidder must provide evidence of at least two (2) successfully completed projects that demonstrate knowledge and experience of Class III or higher Infection control precautions (ICRA) in the past six (6) years and/or one (1) successfully completed project of \$500,000 or greater as the prime contractor whereby the mechanical labor for the project was \$250,000 or greater. In addition, the Bidder's proposed electrical sub-contractor must have successfully completed a minimum of two (2) AHCA projects in the past six (6) years.

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: coralee@miamidade.gov or via fax (305) 375-3160 attention Mrs. Coralee Taylor.

_____ Proposer is a CA or RA (Registered or State Certified Class A Air Conditioning Contractor) or CM or RM (Registered or State Certified Mechanical Contractor) in the State of Florida.

_____ Proposer has experience in Infection Control precautions for active patient care areas (ICRA) and familiarity with current code requirements per authorities having jurisdiction (AHCA & City of Miami). Proposer also meets the requirements as stated in the Minimum Requirements and Special Conditions above.

Similar contracts completed at healthcare environment within the past 6 years: (Name of Project and Owner)	Project Completion Date	Contract Amount	Project Contact Person & Telephone for Verification

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: _____