



November 10, 2014

Re: **RPQ P0153 One Year Countywide Contract for Rehabilitation of Sanitary Sewers by the Sectional Lining Method for PSIP Projects**

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 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 Thursday November 13, 2014, at 1:00 P.M.** 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 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: One Year Countywide Contract for Rehabilitation of Sanitary Sewers by the Sectional Lining Method for PSIP Projects

PROJECT NUMBER: RPQ P0153

Estimated Contract Amount: \$576,653.00

(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: One Year Countywide Contract for Rehabilitation of Sanitary Sewers by the Sectional Lining Method for PSIP Projects

PROJECT NUMBER: RPQ P0153

ESTIMATED AMOUNT: \$576,653.00

PROJECT DESCRIPTION

The Project consists of furnishing all labor, materials and equipment for rehabilitating defects in 8 through 36-inch diameter gravity sanitary sewer pipes by the cured-in-place pipe lining method, at various and different locations anywhere within the limits of Miami-Dade County, Florida, as ordered by the Department during a one-year period. The Department is currently responsible for maintaining the gravity sanitary sewers in Miami-Dade County, Florida. It is the intention of the Department to establish a "blanket" type contract with one (1) successful bidder, for a one-year period, to clean and line gravity sanitary sewer pipelines.

This work includes supplementary cleaning of the affected existing gravity sanitary sewers, isolating the reach of sewer to be repaired, inspecting it with closed circuit television (CCTV), and then installing a cured-in-place pipe liner and re inspecting the repaired reach with CCTV. Repairs in non-industrial areas will utilize a polyester resin system. The work in the sewer shall be accomplished through the manholes, without disturbing the street surface or adjacent property or any utility, except when performing excavated point repairs of sewers.

Work also includes bypass pumping of sewage or plugging and monitoring, if needed, and other appurtenant and miscellaneous related items and work for a completed Project. The terms "work," "lining," "construction," "repair" and "cleaning" shall each be construed to denote any and all activities under this contract, regardless of its nature.

Qualifications:

The successful bidder shall submit a schedule of their proposed work, as bid, including information on the experience of the firm, the personnel assigned to the repair work, and especially the experience of the crew leaders who will actually run the work in the field, as well as information on all equipment and the type of process that will be used for lining (see questionnaire in the Quotation). The **Contractor must certify that he has a minimum of two (2) installation crews and equipment in order to complete the work** in a timely fashion. The contract will not be awarded and no work shall commence until these submittals have been approved and the successful bidder has received a written Notice to Proceed, respectively. The Department reserves the right to reject individual crew leaders due to either inadequate experience, or unsatisfactory or poor performance on the job (in the Department's or the Engineer's opinion). Along with his bid, the **Contractor must submit proof that his/her firm has been regularly and successfully engaged in the commercial installation of the liner product for a minimum of One (1) year, and has successfully performed an aggregate amount of at least 150 repairs of pipes for 8 through 27 inches in diameter in subaqueous conditions.** This requirement is based on the standard NASSCO recommendation for this particular product application.

License Requirements:

Primary Trades for this project are General Engineering, Pipeline Engineering, Pipe Line Contractor and Underground Utility / Excavation license.

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 (PRIME) meets the licensing, experience, as well as other requirements as outlined above and is interested in this solicitation.

_____ Proposer (PRIME) DOES NOT meet the requirements as outlined above

_____ I will not be interested in this project because:

Similar contracts (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: _____