



December 17, 2015

Project No: **A15-AOC-01 GOB Notice Of Professional Agreement For The Revision TO THE Courts Master Plan Phase 2**

The above-referenced contract is being considered for small business measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO PROPOSE PROCESS IS VITAL IN ORDER FOR SMALL BUSINESS MEASURES TO BE PLACED ON THIS PROJECT.** If your firm is interested in participating as a **SBE/AE Prime** (certified in **Technical Category 14.00**) or **SBE/AE Sub-Consultant** (certified in **Technical Category 14.00**) to perform services in connection with these contract, please complete and return the attached Verification of Availability letter by **2:00PM, WEDNESDAY, DECEMBER 23, 2015.**

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

Sincerely,

**Tyrone White**

Contract Certification Specialist  
Small Business Development Division  
Miami-Dade County Internal Services Department  
Phone: (305) 375-3123  
Fax: (305) 375-3160  
Email: [twj@miamidade.gov](mailto:twj@miamidade.gov)



Please familiarize yourself with SBD's Website: <http://www.miamidade.gov/smallbusiness/>

**VERIFICATION OF AVAILABILITY**

INTERNAL SERVICES DEPARTMENT (ISD)  
SMALL BUSINESS DEVELOPMENT (SBD) DIVISION  
COMMUNITY SMALL BUSINESS ENTERPRISE PROGRAM  
111 N.W. 1ST STREET, 19<sup>th</sup> FLOOR  
MIAMI, FLORIDA 33128  
PHONE: 375-3111 FAX: 375-3160

**CONTRACT SPECIALIST: Tyrone White**

I am herewith submitting this letter of verification of availability and capability to propose at such time as this project is advertised. (NOTE: Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE AND NUMBER: Notice Of Professional Services Agreement For The Revision To The Courts Master Plan Phase 2

A15-AOC-01 GOB

ESTIMATED AMOUNT: \$1,375,000

**\*\*\*CHECK BELOW IF YOU ARE RESPONDING AS A PRIME AND/OR SUB-CONSULTANT \*\*\***

**PRIME – Must be certified in 14.00**

**(Check If Your Firm Is Certified In 14.00) - \_\_\_\_\_**

**SUB-CONSULTANTS – (Check Each Applicable Category)**

**14.00\_\_\_\_\_**

\_\_\_\_\_  
NAME OF SMALL BUSINESS ENTERPRISE/ AE FIRM      CERTIFICATION EXPIRATION DATE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
ZIP CODE

Telephone: ( \_\_ \_\_ \_\_ ) \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Bonding Capacity: N/A

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE OF COMPANY REPRESENTATIVE

\_\_\_\_\_  
DATE

**DESCRIPTION OF PROJECT**

**Project Title:** Notice Of A Professional Services Agreement For The Revision To The Courts Master Plan Phase 2

**Project Numbers:** A15-AOC-01

**Department:** Internal Services

**ESTIMATED AMOUNT:** \$1,375,000

**Technical Categories:**

Description	Percentage	Amount
14.00 Architecture (PRIME)	100%	\$1,375,000.00
Total Estimated Design Fees	100%	\$1,375,000.00

**BACKGROUND**

The County is in need to undertake an assessment study of the Master Plan for the Courts concluded in 2008, which was conducted to continue to provide feasible options for the expansion of local court facilities. The current effort will serve as an evaluation of the future needs of the County Courts, and will provide design standards for facilities needed to support the essential operation of the judicial system, while meeting the needs for public access to justice, representing the respect and pride of the community in its basic institutions, and reflecting the dignity of the County's judicial officers and the local.

**PROJECT DESCRIPTION**

Professional services are required to provide a study updating the 2--8 Eleventh Judicial Circuit-wide Courts Master Plan in order to assess future needs and provide design standards for the expansion of Court Facilities in Miami-Dade County's Eleventh Judicial Circuit Court. The services will include planning, analysis, master planning, feasibility studies, programming, site development analysis, scheduling and cost estimating. The scope of services will apply to all criminal courts in the Eleventh Judicial Circuit of Florida, including the Public Defender's Office and the State Attorney's Office. In addition, professional services are required to provide a study updating the 2008 Master plan for Miami Dade County Correctional Facilities in order to assess the department's future needs and provide the correctional design standards for the Master Plan in its entirety. The services will include planning, analysis, master planning, feasibility studies, programming, site development analysis, scheduling and cost estimating for all existing facilities, as well as a feasibility study for a new Krome Detention Center and the programming and site development of a Criminal Justice Complex.

**Is your firm able to satisfy the contract's scopes of service(s)?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**Does your firm have experience satisfying similar scopes of service(s)?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**(IF YES, PLEASE PROVIDE A RESUME OR LIST YOUR FIRM'S PRIOR EXPERIENCE ON THE LAST PAGE)**

**Minimum Requirements**

It is required that the prime and/or sub-consultants must demonstrate the following experience:

1. A minimum of three (3) court facility design/programming projects completed within the last ten (1) years from the date of this solicitation.
2. Must demonstrate experience in needs assessment for a large court facility complex (minimum 125,000 square feet).

**Is your firm able to meet the minimum requirements?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**(IF YES, PLEASE PROVIDE A RESUME OR LIST YOUR FIRM'S PRIOR EXPERIENCE ON THE LAST PAGE)**

**Does your firm or an employee of your firm have a minimum of three (3) court facility design/programming projects completed within the last ten (1) years from the date of this solicitation?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**Can your firm or an employee of your firm demonstrate experience in needs assessment for a large court facility complex (minimum 125,000 square feet)?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

## Consultant Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified consultants that “comply” to perform the aforementioned scope of 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: [twj@miamidade.gov](mailto:twj@miamidade.gov) or via fax (305) 375-3160 attention Mr. Tyrone White.

- \_\_\_\_\_ Proposer (PRIME) has experience completing projects with a similar size and scope as this project, meets the requirements to qualify and can perform the services as required.
- \_\_\_\_\_ Sub-consultant (SUB) has experience completing projects of similar size and scope, and can perform the service(s) as required.
- \_\_\_\_\_ Proposer/Subcontractor (Proposer/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 contract.

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: \_\_\_\_\_

**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):

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Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Scope of Service(s):

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Project Title: \_\_\_\_\_

Client Name: \_\_\_\_\_

Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

Scope of Service(s):

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## REASONS & COMMENTS

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