



August 24, 2015

Project No: **A15-PROS-03 Notice Of A Professional Services Agreement For The PROS Full Services PSA – Region A**

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-A&E Prime** (certified in **Technical Categories 14.00, 18.00 & 22.00**) or **SBE-A&E Sub-Consultant** (certified in **Technical Categories 9.01, 9.02, 10.05, 11.00, 12.00, 13.00, 14.00, 15.01, 15.03, 16.00, 17.00, 18.00, 20.00, 21.00 &/or 22.00**) to perform services in connection with these contract, please complete and return the attached Verification of Availability letter by **2:00PM, WEDNESDAY, AUGUST 26, 2015.**

The letter of availability may be sent **via email to 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



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, 19th 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 A Professional Services Agreement For The PROS Full Services PSA – Region A

A15-PROS-03

ESTIMATED AMOUNT: \$3,300,000

*****CHECK BELOW IF YOU ARE RESPONDING AS A PRIME OR SUB-CONSULTANT & INDICATE WHICH PROJECT YOU ARE INTEREST IN PARTICIPATING ON (1 or Both)*****

PRIME – Must be certified in 14.00, 18.00 & 22.00

(Check If Your Firm Is Certified In Both TC's) - _____

SUB-CONSULTANTS – (Check Each Applicable Category)

9.01 _____	9.02 _____	10.05 _____	11.00 _____	12.00 _____
13.00 _____	14.00 _____	15.01 _____	15.03 _____	16.00 _____
17.00 _____	18.00 _____	20.00 _____	21.00 _____	22.00 _____

NAME OF SMALL BUSINESS ENTERPRISE - A & E FIRM
DATE

CERTIFICATION EXPIRATION

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 PROS Full Services PSA – Region A

Project Numbers: A15-PROS-03

Department: Parks

ESTIMATED AMOUNT: \$3,300,000

Technical Categories:

Description	Percentage	Amount
14.00 Architecture (PRIME)	25%	\$825,000.00
18.00 Architectural Construction Management (PRIME)	8%	\$264,000.00
22.00 ADA Title II Consultant (PRIME)	2%	\$66,000.00
9.01 Soils, Foundation and Materials Testing - Drilling, Subsurface Investigations and Seismographic Services	2%	\$66,000.00
9.02 Soils, Foundation and Materials Testing - Geotechnical and Materials Engineering Services	2%	\$66,000.00
10.05 Environmental Engineering - Contamination Assessment and Monitoring	2%	\$66,000.00
11.00 General Structural Engineering	10%	\$330,000.00
12.00 General Mechanical Engineering	5%	\$165,000.00
13.00 General Electrical Engineering	5%	\$165,000.00
15.01 Surveying and Mapping – Land Surveying	5%	\$165,000.00
15.03 Surveying and Mapping - Underground Utility Location	2%	\$66,000.00
16.00 General Civil Engineering	10%	\$330,000.00
17.00 Engineering Construction Management	4%	\$132,000.00
20.00 Landscape Architecture	15%	\$495,000.00
21.00 Land-Use Planning	3%	\$99,000.00
Total Estimated Design Fees	100%	\$3,300,000.00

BACKGROUND

PROS operates more than 260 parks and manages more than 12,000 acres of land; and has up to \$113,000,000 of capital improvement funding through the GOB Program to spend over the next seven years on new improvements and renovations throughout the park system; with more than \$21,000,000 allocated to parks located between North County Line and NW 119 Street. There are other potential sources of funding that PROS may receive to increase the capital budget.

PROJECT DESCRIPTION

For the proposed improvements and renovations PROS desires to implement designs that are functional, aesthetically pleasing and innovative while remaining responsive to the unique history, character and context of the area, and that will stand up to the test of time.

The Professional Services Agreement (PSA) for consultant will be used to implement improvements and renovations mentioned above. The selected consultant will be required to perform planning, architectural design, engineering, landscape architecture design, surveying, mapping, scheduling, estimating, construction administration, construction engineering &

inspections and construction management services for new construction, renovations and restoration projects located at multiple parks between the North County Line and NW 119 Street (Region A).

The selected consultant shall also be responsible for incorporating LEED approved green building principles. Pursuant to County Implementing Order No. 8-8 "Sustainable Building Program," all new construction projects shall be required to attain "Silver" or higher certification level under the LEED-NC Rating System. The participation of experienced LEED®AP professionals is required in order to achieve optimum results in the application of said practices.

The selected consultant must have sufficient resources to provide the requested professional services for up to three design projects concurrently. PROS reserves the right to assign any or none of the work at the Region A to the selected firm.

The selected consultant will be responsible for the review and compliance of the General Facilities (GF), Master Plan, and Guidelines for each design project. If the project needs variances to the code, the selected consultant shall attend all hearings, complete all applications, prepare plans, as well as provide any resources and/or additional information as required by Miami-Dade County to obtain said variance.

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)

Prime Minimum Requirements

The prime consultant must hold technical certification categories 14.00 (Architecture), 18.00 (Architectural Construction Management), and 22.00 (ADA Title II Consultant), and hold active professional registration status in the Florida state Board of Architecture.

The prime consultant responding to the solicitation must have ten years of experience in park planning and design; and have been responsible or involved in a primary role for the design of at least two parks, and/or community gathering places.

The project manager assigned by the prime consultant must have at least ten years of experience in architectural design. A background in landscape architectural design and general knowledge of engineering design is desired.

Is your firm certified in 14.00, 18.00 & 22.00?

Yes ____ **No** ____

Is your firm able to meet the requirements of the Prime?

Yes ____ **No** ____

Does your firm have ten (10) years of experience in park planning and design?

Yes ____ **No** ____

Has your firm or an employee of your firm been responsible or involved in a primary role for the design of at least two (2) parks, and/or community gathering places located in a coastal zone that included marinas, beaches or public access to a large body of water?

Yes ____ No ____

Can your firm assign a project manager with at least ten (10) years of experience in architectural design?

Yes ____ No ____

Will the project manager be from your firm or another certified SBE/AE firm?

Yes ____ No ____

SUB-CONSULTANTS

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

Yes ____ No ____

Does your firm have experience satisfying a portion of the contract's scopes of service(s)?

Yes ____ No ____

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

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 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):

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Service(s):

Project Title: _____

Client Name: _____

Contact #: (____) _____ - _____ / _____

Contract Amount: \$ _____

Scope of Service(s):

REASONS & COMMENTS
