



August 24, 2015

Project No: **A15-PROS-05 Notice Of A Professional Services Agreement For The PROS Full Services PSA – Region C**

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](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 A Professional Services Agreement For The PROS Full Services PSA – Region C

A15-PROS-05

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 C

**Project Numbers:** A15-PROS-05

**Department:** Parks

**ESTIMATED AMOUNT:** \$3,300,000

### Technical Categories:

<b>Description</b>	<b>Percentage</b>	<b>Amount</b>
14.00 Architecture <b>(PRIME)</b>	25%	\$825,000.00
18.00 Architectural Construction Management <b>(PRIME)</b>	8%	\$264,000.00
22.00 ADA Title II Consultant <b>(PRIME)</b>	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
<b>Total Estimated Design Fees</b>	<b>100%</b>	<b>\$3,300,000.00</b>

### 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 \$16,000,000 allocated to parks located between SW 120 Street and SW 264 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 SW 120 Street and SW 264 Street (Region C).

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 C 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](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):

---

---

---

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

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

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

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

Scope of Service(s):

---

---

---

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

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

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

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

Scope of Service(s):

---

---

---

## REASONS & COMMENTS

---

---

---

---

---