



August 12, 2015

Project No: **E15-WASD-02 Engineering Design And Related Services For The Improvement, Upgrades and Expansion of Local Wastewater Pump Stations and Related Facilities necessary for Capital Projects.**

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 6.02, & 17.00**) or **SBE-A&E Sub-Consultant** (certified in **Technical Categories 6.02, 11.00, 12.00, 13.00, 15.01, 16.00 &/or 17.00**) to perform services in connection with these contract, please complete and return the attached Verification of Availability letter by **1:00PM, MONDAY, AUGUST 17, 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:**      Engineering Design And Related Services For The Improvement, Upgrades and Expansion of Local Wastewater Pump Stations and Related Facilities necessary for Capital Projects.

E15-WASD-02

**ESTIMATED AMOUNT:** \$2,200,000 (7 agreements, \$2,200,000 each)

**\*\*\*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 6.02 & 17.00**

**(Check If Your Firm Is Certified In Both TC's) - \_\_\_\_\_**

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

**6.02 \_\_\_\_\_ 11.00 \_\_\_\_\_ 12.00 \_\_\_\_\_**

**13.00 \_\_\_\_\_ 15.01 \_\_\_\_\_ 16.00 \_\_\_\_\_ 17.00 \_\_\_\_\_**

\_\_\_\_\_  
NAME OF SMALL BUSINESS ENTERPRISE - A & E 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:** Engineering Design And Related Services For The Improvement, Upgrades and Expansion of Local Wastewater Pump Station and Related Facilities necessary for Capital Projects.

**Project Numbers:** E15-WASD-02

**Department:** Miami-Dade Water & Sewer Dept.

**ESTIMATED AMOUNT:** \$2,200,000 (7 agreements, \$2,200,000 each)

### Technical Categories:

<b>Technical Category (TC)</b>	<b>Description</b>	<b>TC Percentage</b>
<b>6.02 Prime</b>	<b>Water And Sanitary Sewer Systems – Major Water and Sanitary Sewage Pump Facilities</b>	<b>50%</b>
<b>17.00 Prime</b>	<b>Engineering Construction Management</b>	<b>10%</b>
11.00	General Structural Engineering	9%
12.00	General Mechanical Engineering	10%
13.00	General Electrical Engineering	10%
15.01	Surveying And Mapping – Land Surveying	5%
16.00	General Civil Engineering	6%
	<b>TOTAL</b>	<b>100%</b>

### BACKGROUND

WASD is seeking seven (7) engineering firms to provide professional engineering services for engineering design and related services for the improvement, upgrades and expansion of local wastewater pump stations and related facilities necessary for capital improvement projects. A detailed scope of services is attached as “Notice to Professional Consultants.” The term of the Non-Exclusive Professional Services Agreement (PSA) is seven (7) years. Maximum compensation is \$2,000,000, plus a ten percent (10%) contingency allowance in accordance with Ordinance 00-65. No minimum of work or compensation will be assured to the retained consultants.

### SCOPE OF SERVICES

WASD will require engineering design services, including planning and permitting assistance during the construction for system upgrades to local sewage pump stations. The projects may include the rehabilitation or replacement of existing pump stations or for the construction of new sewage pump stations in the range of 50 to 2000 gallons per minute (gpm).

The scope of services consists of complete design services, which includes but is not limited to, performing preliminary site investigation and inspection, surveying, hydraulic analysis, coordination with other municipalities and the public. Preparation of design reports, preparation of drawings and contract specifications and preparation of design-build criteria packages. Assistance during the permitting and procurement phases, and engineering support during construction. Engineering support during construction is anticipated to include, but is not limited to, periodic site inspections,

attendance at meetings, reviewing shop drawings, responding to requests for information, reviewing claims and potential change orders, reviewing contract schedules and schedule of values, and reviewing as-built drawings. Project coordination services are anticipated to include, but are not limited to, establishing a plan to implement projects, establishing and tracking project schedules, preparing budgets and deadlines, preparing status reports and attending meetings as requested.

**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**

A Prime Consultant submitting should be a full service engineering firm experienced in the design, permitting and construction management of small to medium size (50 to 2000 gpm) sewage pump stations either in a dry/wet well or submersible configuration. The successful experience on the above items should be demonstrated and successfully executed prior to the date of this solicitation. The Prime Consultant shall provide a list of members of the proposed design team, identifying the overall design manager(s), and the team leaders for key design specialties.

The Prime Consultant shall provide descriptions of other similar successfully designed, constructed and operating new or upgraded sewage pump stations prior to the date of the solicitation.

For projects which the Prime Consultant has served as the design consultant, the Prime Consultant shall provide the name and contact information for a Utility Executive with the utility they served as the design consultant who can confirm their role. The descriptions shall include the client (i.e., municipality or agency), key project staff, the project name, a summary of the work performed, the contract amount, the schedule (to include start and completion dates), the specific role of the Prime Consultant, the achievements (e.g., projects delivered on schedule, dollars saved, innovative designs implemented, new technology utilized), and a client reference with contact information.

**Is your firm certified in 6.02 & 17.00?**

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

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

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

**Is your firm experienced in the design, permitting and construction management of small to medium size (50 to 2000 gpm) sewage pump stations either in a dry/wet well or submersible configuration? If yes, please submit a copy of your firm's resume or list your firm's history of "Projects with Similar Scopes of Services" on the last page.**

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

### **SUB-CONSULTANT MINIMUM REQUIREMENTS**

The Subconsultants shall provide a description of at least one (1) program or project(s) that is relevant to this Scope of Work prior to the date of this solicitation, specific to their proposed responsibilities. The descriptions shall include the client (i.e., municipality or agency), key project staff, a summary of the work performed, the contract amount, the schedule (to include start and completion dates), must also include the specific role of the sub consultant firm, the project's achievements, and client reference with contact information.

**Is your firm able to meet the requirements of the Sub?**

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

Has your firm completed at least one (1) program or project(s) that is relevant to this Scope of Work prior to the date of this solicitation, specific to their proposed responsibilities? If yes, please submit a copy of your firm's resume or list your firm's history of "Projects with Similar Scopes of Services" on the last page.

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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