



August 12, 2020

Project No: **E20-DTPW-05, Non-exclusive Professional Services Agreement for Planning, Design, Engineering, and Management Services for DTPW Highway Division Projects.**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO PROPOSE PROCESS IS VITAL IN ORDER FOR A SMALL BUSINESS MEASURE TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a **SBE-A&E Consultant** to perform services in connection with this project. Please complete and return the attached Verification of Availability letter by **4:00 PM, Friday, AUGUST 14, 2020.**

The letter of availability may be sent **via email to jescalante@miamidade.gov**. If you have any questions, please contact me at (305) 375-3192.

Sincerely,

Jhonnatan Escalante
Capital Improvement Project Analyst
Miami-Dade County Internal Services Department
Small Business Development Division
111 NW 1st Street #19 Floor, Miami, FL 33128
☎Office: (305) 375-3192 | 📠Fax: (305) 375-3160
Email: jescalante@miamidade.gov

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DESCRIPTION OF PROJECT

Project Title: Non-exclusive Professional Services Agreement for Planning, Design, Engineering, and Management Services for DTPW Highway Division Projects

Project Number: E20-DTPW-05

Department: Department of Transportation and Public Works

Estimated Cost: \$5,000,000.00

Scope of Services:

Professional Services Agreement (PSA) for Highway Engineering Services.

The Department of Transportation and Public Works (DTPW) requires professional services from general consulting design firms for a wide range of planning, design, and management services as needed to assist in executing and expediting projects in the DTPW Capital Improvement Plan. The qualified professional firm will be responsible for all specific phases of a project through implementation to achieve quality construction documents, cost, and schedule goals.

DTPW intends to retain one (1) consultant under a non-exclusive Professional Service Agreements (PSA) for five (5) years with a maximum compensation set at \$5,000,000.00 (inclusive of the contingency allowance). No minimum amount of work or compensation will be guaranteed to the selected consultant. The Consultant will primarily support the Highway Division of DTPW with the following activities: Planning, Design & Engineering, Public Involvement, Right-of-Way & Utilities Coordination, Construction, Project Control, Estimating Services, Plans Review and Quality Assurance.

The prime consultant must hold Technical Certifications **3.02** – Major Highway Design, **3.04** – Traffic Engineering Studies and **11.01** – Stormwater Drainage Design Engineering Services

Required Experience

The prime consultant should demonstrate experience with at least two (2) previously design projects with similar scope and value. Additionally, the prime consultant should have experience with Right-of-Way acquisition.

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: jescalante@miamidade.gov or via fax (305) 375-3160 attention Jhonnatan Escalante.

_____ Proposer (Prime) is certified in T.C’s 3.02 (Major Highway Design), 3.04 (Traffic Engineering Studies) and 10.01 (Stormwater Drainage Design Engineering Services).

_____ Proposer (Prime) is able to satisfy the contract’s Scopes of Service(s) and meet the Experience requirements detailed above?

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: _____

SIMILAR PROJECTS AS PRIME OR SUB-CONTRACTOR

Please list your firm's history of "Projects with Similar Scopes of Services":

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

