



July 15, 2016

Project No: **16-14204-JE -- Job Order Contract (JOC) GC-02**

The above-referenced contract is being considered for small business contract measures. **PLEASE NOTE THAT YOUR PARTICIPATION IN THE AVAILABILITY TO BID PROCESS IS VITAL IN ORDER FOR MEASURES TO BE PLACED ON THIS PROJECT.** If you are interested in participating as a Small Business Enterprise – Construction (SBE/CONS) firm to perform work in connection with this project and meet the requirements listed in this letter, please complete and return the attached Verification of Availability to Bid by **5:00 PM, WEDNESDAY, JULY 20, 2016.**

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or 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

How can ISD serve you better?
Give us your feedback [here!](#)
Connect With Us on Twitter | Facebook | Instagram

VERIFICATION OF AVAILABILITY TO BID

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**

PROGRAM COORDINATOR: **Jhonnatan Escalante**

I am herewith submitting this letter of verification of availability and capability to bid, provided the proposed scope of work attached. (**NOTE:** Please provide all the information requested; incomplete and/or incorrect verifications are not acceptable or usable.)

CONTRACT TITLE: **Job Order Contract (JOC) GC-02**

PROJECT NUMBER: **16-14204-JE/GC-02**

Estimated Contract Amount: **\$3,000,000.00**

(Scope of work and minimum requirements for this project is attached.)

NAME OF SMALL BUSINESS ENTERPRISE CONSTRUCTION FIRM (SBE/CONS)

ADDRESS

CITY

ZIP CODE

Certification Expires: _____
DATE

Telephone: _____ *****Bonding Capacity:** _____

PRINT NAME AND TITLE

SIGNATURE OF COMPANY REPRESENTATIVE

DATE

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: **Job Order Contract (JOC) GC-02**

PROJECT NUMBER: **16-14204-JE/GC-02**

ESTIMATED CONTRACT AMOUNT: **\$3,000,000.00**

SCOPE OF WORK:

The Trust is in process of issuing a solicitation for Job Order Contracts (JOC) to qualified general contractors to provide various construction-related services. The majority of the work will be performed at Jackson Main, South and North campuses. The majority scope of work shall be to accomplish various small- to medium-sized projects. The typical work is anticipated to include, but not to be limited to, projects such as: **interior renovations/modifications of office space, lobbies, waiting areas, clinical spaces and patient care areas; interior and exterior painting services; window replacements and hardening; ADA compliant building and site modifications; roof replacements; electrical upgrades and modifications; emergency generator replacements; mechanical and plumbing upgrades; chiller and cooling tower replacements; AHU and other miscellaneous HVAC equipment replacements; exterior lighting upgrades; parking lot resurfacing; parking garage repairs; etc.**

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified vendors that “comply” to provide the aforementioned scope of work. 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) has at least three (3) years of experience working in a hospital environment.
- _____ Proposer (PRIME) has a minimum of three (3) successfully completed projects Requiring Florida Agency for Health Care Administration (AHCA) review and certification within the last seven (7) years
- _____ Proposer has completed at least three (3) projects that demonstrate knowledge and experience of Class III ICRA (Infection Control precautions for active patient care areas) within the last seven (7) years.

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 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
