



March 31, 2020

Project No: **20200140 – Improvements to Downtown Mobility**

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-CON) 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, THURSDAY, APRIL 02, 2020.**

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

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Please access the Project Review Process at <http://www.miamidade.gov/smallbusiness/projects-under-review.asp>

The following is the preliminar list of items for this project:

327-70-01	MILLING EXISTING ASPHALT PAVEMENT (1" AVERAGE DEPTH)	S.Y.	54,166
337-8-32	HOT MIX ASPHALT FRICTION COURSE (TRAFFIC C), FC-9.5 (1") RUBBER	TON.	2,980
425-5	ADJUST MANHOLE (This item is contingent upon field conditions and may be increased, decreased or eliminated by the Engineer)	EA.	70
425-6	ADJUST EXISTING VALVE BOXES (MIAMI DADE COUNTY) (This Item is contingent upon field conditions and may be increased, decreased or eliminated by the Engineer)	EA.	50
520-1-10B	CONCRETE CURB AND GUTTER (TYPE "F")	L.F.	240
520-2-12	CONCRETE CURB (TYPE "D")	L.F.	227
522-1(1)	CONCRETE SIDEWALK (4" THICK) (INCLUDING PEDESTRIAN RAMP)	S.Y.	87
523-1-3	PATTERNED PAVEMENT, VEHICULAR AREAS-GREEN BIKE LANE	S.Y.	5,438
	BIKE SYMBOL OVER GREEN AREA	EA.	47
527-2	CURB RAMP DETECTABLE WARNING SURFACE	S.F.	40
700-20-40	SINGLE POST (Furnish and Install) (Less than 12 SF)	AS.	44
700-20-60	SINGLE POST SIGN (Remove)	AS.	38
700-46-11	REMOVE EXISTING ROADSIDE SIGNS <12 S.F.	AS.	12
706-1-12A	MARKER PAVEMENT RETRO-REFLECTIVE (YELLOW/YELLOW)	EA.	11
706-1-12B	MARKER PAVEMENT RETRO-REFLECTIVE (WHITE/RED)	EA.	1,155
711-3-2	PAVEMENT MESSAGE (Thermoplastic R.R.Xing. Includes Transverse bands)	EA.	2
711-11-141B	THERMOPLASTIC (WHITE) (6"-10'/30' SKIP)	L.F.	9,718
711-11-160	THERMOPLASTIC (WHITE) (MESSAGE)	EA.	25
711-11-170	THERMOPLASTIC (WHITE) (ARROWS)	EA.	26
711-11-160A	PAVEMENT MESSAGE (PAINT) FOR BIKE LANE	EA.	
711-11-141	THERMOPLASTIC (WHITE) (6"-4'/2' SKIP)	L.F.	2,503
711-11-141C	THERMOPLASTIC (WHITE) (12"-1'/1' SKIP)	L.F.	1,974
711-11-121	THERMOPLASTIC (WHITE) (SOLID) (6")	L.F.	29,100
711-11-123	THERMOPLASTIC (WHITE) (SOLID) (12")	L.F.	6,969
711-11-124	THERMOPLASTIC (WHITE) (SOLID) (18")	L.F.	5,200
711-11-125	THERMOPLASTIC (WHITE) (SOLID) (24")	L.F.	6,595
711-11-221	THERMOPLASTIC (YELLOW) (SOLID) (6")	L.F.	10,089
711-11-224	THERMOPLASTIC (YELLOW) (SOLID) (18")	L.F.	432

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) can perform the Scope of Work outlined and have the license required

_____ Proposer (PRIME) meets the required contract certification and has successfully completed similar projects in the past.

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

