February 9, 2015

Project No: **BP #39 – OVERHEAD COILING DOORS**

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 SBD TO PLACE A MEASURE ON THIS PROJECT.** If you are interested in participating as a SBE-Construction 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 **11:30 AM, TUESDAY, FEBRUARY 10, 2015 (DUE TO THE NATURE OF THE PROJECT).** **It is asked that all pages are returned completed in its entirety. Failure to do so will result in this Verification of Availability to Bid Letter not being considered.**

Please review the enclosed description of the project.

The letter of availability may be sent **via facsimile transmission to (305) 375-3160 or via email to twj@miamidade.gov**. If you have any questions, please contact me at (305) 375-3123.

Regards,

Tyrone White
Contract Certification Specialist
Small Business Development Division
Miami-Dade County Internal Services Department
111 NW 1st Street, 19th Floor, Miami, FL 33128
☏Office: (305) 375-3123|🖷Fax: (305) 375-3160
Email: twj@miamidade.gov

"Help stimulate Miami's economy by supporting Small Businesses"

Project Review Process Website: http://www.miamidade.gov/business/contracting-opportunities.asp

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: **Tyrone White**
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: **OVERHEAD COILING DOORS**

PROJECT NUMBER: **BP #39**

Estimated Contract Amount: **N/A**

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

_____
NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE)

_____
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: **OVERHEAD COILING DOORS**

PROJECT NUMBER: **BP #39**

ESTIMATED CONTRACT AMOUNT: **N/A**

SUBCONTRACTOR'S SCOPE OF WORK
See pages 1-6 of BP-39 Overhead Coiling Door Project Package.

INSURANCE, BONDING, CONTRACTING & SPECIFIC REQUIREMENTS:
See pages 4-6 of BP-39 Overhead Coiling Door Project Package.

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors which can perform the scope of the work indicated above while meeting the contract's minimum requirements. Please indicate if you are able or unable to perform the scope of work and meet the contract's minimum requirements by placing an "X" on the appropriate line below. If you are able perform the scope of work & satisfy the contract's requirements, fill out the similar projects section below or send a copy of your firms resume/list of completed projects along with this document to Tyrone White via email: twj@miamidade.gov or fax (305) 375-3160.

_____ **Proposer (PRIME) has experience completing projects with a size and scope similar to this project, meets the requirements as indicated in the attached document and can perform the work as required.**

_____ **Proposer (PRIME) DOES NOT have experience completing projects with similar size and scope as this project and DOES NOT meet the requirements as indicated in the attached document.**

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

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 Work"**:

Project Title: _____
Client Name: _____
Contact #: **(__ __ __) __ __ __ - __ __ __ __ /** _____
Scope of Work:

Project Title: _____
Client Name: _____
Contact #: **(__ __ __) __ __ __ - __ __ __ __ /** _____
Scope of Work:

Project Title: _____
Client Name: _____
Contact #: **(__ __ __) __ __ __ - __ __ __ __ /** _____
Scope of Work:

REASONS & COMMENTS
