



March 3, 2015

Project No: **BP #49 –GENERAL CONTRACTOR NORTH, EAST AND WEST CLUBS**

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 **4:20 PM, WEDNESDAY, MARCH 4, 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](mailto: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 1<sup>st</sup> Street, 19<sup>th</sup> Floor, Miami, FL 33128  
☎Office: (305) 375-3123 | 📠Fax: (305) 375-3160  
Email: [twj@miamidade.gov](mailto: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, 19<sup>th</sup> 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:**                    **GENERAL CONTRACTOR NORTH, EAST AND WEST CLUBS**

**PROJECT NUMBER:**                **BP #49**

**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

| <b>Currently Awarded Projects<br/>(Name of Project and Owner)</b> | <b>Project<br/>Completion<br/>Date</b> | <b>Contract<br/>Amount</b> | <b>Anticipated Awards</b> |
|-------------------------------------------------------------------|----------------------------------------|----------------------------|---------------------------|
|                                                                   |                                        |                            |                           |
|                                                                   |                                        |                            |                           |
|                                                                   |                                        |                            |                           |

**VERIFICATION OF AVAILABILITY TO BID**

CONTRACT TITLE: GENERAL CONTRACTOR NORTH, EAST AND WEST CLUBS

PROJECT NUMBER: BP #49

ESTIMATED CONTRACT AMOUNT: N/A

**SUBCONTRACTOR'S SCOPE OF WORK**

*See pages 1-16 of BP-49 General Contractor North, East and West Clubs Project Package.*

**INSURANCE, BONDING & CONTRACTING & SPECIFIC REQUIREMENTS:**

*See pages 1 & 2 of BP-49 General Contractor North, East and West Clubs 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](mailto: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.
- \_\_\_\_\_ Subcontractor (SUB) 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.
- \_\_\_\_\_ Contractor (PRIME/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 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: \_\_\_\_\_

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Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

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Project Title: \_\_\_\_\_  
Client Name: \_\_\_\_\_  
Contact #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Scope of Work: \_\_\_\_\_

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## REASONS & COMMENTS

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