MIAMI-DADE COUNTY

March 3, 2014

Re: Project No. **E08-DERM-01-037-URS**
        Former Bldg. 147 (BMI Leasehold) at the Opa-Locka Executive Airport, Source
        Removal.

Dear Sir or Madam:

The above-referenced contract is being considered for small business contract measures. If you are interested in participating as a CSBE 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 Thursday March 6, 2014, at 1:00 P.M. It is asked that all pages are returned completed in its entirety. Failure to complete 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 coralee@miamidade.gov.** If you have any questions, please contact me at (305) 375-3115.

Sincerely,

Coralee Taylor, Contract Development Specialist 2
Internal Services Department
Small Business Development (SBD) Division

Please access the new Project Review Process at 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: **Coralee Taylor**
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: Former Bldg. 147 (BMI Leasehold) at the Opa-Locka Executive Airport, Source Removal

PROJECT NUMBER: **E08-DERM-01-037-URS**

Estimated Contract Amount: **$257,937.00**

(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

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VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Former Bldg. 147 (BMI Leasehold) at the **Opa-Locka Executive Airport, Source Removal.**

PROJECT NUMBER: E08-DERM-01-037-URS

PROJECT DESCRIPTION

The subject project consists of the removal and disposal of approximately 1820 tons of contaminated soil; abandonment of 3 groundwater monitoring wells; installation and abandonment of 3 replacement wells; sampling of 7 wells; soil compaction testing and two site surveys.

PROJECT CRITERIA:

1. **This property is contaminated and therefore any excavation or removal work must be performed by personnel including subcontractors that are certified in accordance with OSHA standards in Hazardous Waste Operations and Emergency Response (HAZWOPER)**

Contractor Qualifications Questionnaire

This questionnaire will assist SBD in identifying the qualified contractors that "comply" to perform 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: coralee@miamidade.gov or via fax (305) 375-3160 attention Mrs. Coralee Taylor.

_____ Proposer is certified in accordance with OSHA standards in Hazardous Waste Operations and Emergency Response (HAZWOPER)

_____ Proposer is NOT certified in accordance with OSHA standards in Hazardous Waste Operations and Emergency Response (HAZWOPER)

Similar contanimation/removal projects completed applying OSHA guidelines. (Name of Project and Owner)	Project Completion Date	Contract Amount	Project Contact Person & Telephone for Verification

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: _____