



June 26, 2015

Re: Project No. **ITB 15-13254-JE- Low Voltage Data Cabling Services**
ELECTRICAL CONTRACTORS

Dear Sir or Madam:

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/GOALS TO BE PLACED 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 **WEDNESDAY July 1st, 2015 at 12:00 Noon.** 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 Scope of Work and Requirements **attached**.

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 W-Taylor

Miami Dade County Internal Services Department
Small Business Development Division
111 NW 1st Street, 19 fl
Miami, FL 33128

☎ (305) 375-3115 | 📠 (305) 375-3160

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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: Low Voltage Data Cabling Services (**Hospital Setting**)

PROJECT NUMBER: ITB 15-13254-JE

Estimated Contract Amount: \$1,800,000.00

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

SMALL BUSINESS ENTERPRISE/ Construction Firm

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: Low Voltage Data Cabling Services (**Hospital Setting**)

PROJECT NUMBER: ITB 15-13254-JE

Estimated Contract Amount: \$1,800,000.00

PROJECT DESCRIPTION:

The Trust (Information Technology Dept.) seeks a Term Contract for the services of a certified firm with expertise, knowledge and experience in providing low voltage cabling to install and test cabling needed within a hospital setting for the Public Health Trust of Miami-Dade County. Cabling needs arise on the twenty-one various buildings within the main campus, five hospitals outside of the main campus, twenty-six clinics supported by the Trust and 196 terminal closets on the main campus. The successful bidder shall be able to furnish and install a complete and properly functioning communication network for voice and data to include all cabling, distribution equipment and associated electronics as required. Internal building wiring shall be **Unshielded Twisted Pair Cable (UTP)** as specified for data, voice, and auxiliary applications. Network termination and connections shall be in accordance of **Category 5e and 6 requirements for gigabit data transmission and in compliance with EIA/TIA 568-B and EIA/TIA 569-A.** The basis of the design shall be **Paduit's TX Cabling System.** The Agreement will be for an initial **three (3) year term** with two (2) one (1) year options to renew (OTRs). The **estimated initial three (3) year term cost is \$1,800,000.00**

MINIMUM REQUIREMENTS AND SPECIAL CONDITIONS:

Bidders (Prime Contractors) shall hold a current Certificate of Competency and/or license from the State of Florida as either an ER, ES (**Registered Electrical Contractor or Specialty Contractor**) or equivalent license in order to provide the required scope of work. Note that should the Bidder awarded this contract only hold an ES (Specialty Contractor) license they would be required to sub-contract certain other electrical type work with another contractor that holds an ER license. **The Contractor shall have experience of successfully completing a minimum of three (3) low voltage cabling projects within the past seven (7) years in the State of Florida and have a registered Building Industry Consulting Service International (BICSI) communications distribution designer on staff to be assigned as a Project Manager for this contract.** The Contractor must also provide evidence that they have completed a project in the past five (5) years that required knowledge and experience of Class II Infection Control Precautions (ICRA) or higher or provide a subcontracting plan with companies that have such ICRA experience.

Bidders will be required to maintain a minimum of 3 teams of two or more members on-site during regular business hours for maintenance and routine services as well as for rapid resolution of major outages. Bidders shall also have knowledge, experience, and familiarity with current codes and requirements of all authorities having jurisdiction.

The Contractor shall also be familiar with and adhere to the following standards: 1) National Electrical Code Current Edition; 2) EIA/TIA 568B and 569A – Current Edition; 3) IEEE Standards 802.3 and 802.5; 4) EIA/TIA606A and 607A- Current Edition; 5) NFPA, NEMA, and ANSI Compliance; 6) Commercial Building Telecommunications Wiring Standards ANSI/TIA 568-B.3, Optical Fiber Cabling Components Standards – Current Edition, and 7) International Standards Organization/International Electro Technical Commission (ISO/IEC) DIS 11801-Current Edition.

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 **(ELECTRICAL CONTRACTOR)** Has experience completing projects with similar size and scope as this project; completed a project in the past five (5) years that required knowledge and experience of **Class II Infection Control Precautions (ICRA)** or higher or provide a subcontracting plan with companies that have such ICRA experience; is able to meet the **minimum requirements and special conditions as described above**; is familiar with the **standards** as described above; and able to perform as described.

_____ Proposer **(ELECTRICAL CONTRACTOR)** DOES NOT MEET THE REQUIREMENTS as specified therein.

_____ I am not interested in this project because: _____

Similar contracts completed at hospitals/medical facilities within the past 5 years: (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: _____