



June 26, 2015

Re: Project No. **ITB 15-13255-JE - Holt East Tower (ET) 6B Renovation Project**

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 **THURSDAY July 2<sup>ND</sup>, 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](mailto: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 1<sup>st</sup> 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, 19<sup>th</sup> 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:**                    **Holt East Tower (ET) 6B Renovation Project**

**PROJECT NUMBER:**                **ITB 15-13255-JE**

**Estimated Contract Amount:**    **\$2,000,000.00**

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

\_\_\_\_\_  
NAME OF COMMUNITY SMALL BUSINESS ENTERPRISE /Construction Firm

\_\_\_\_\_  
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:** Holt East Tower (ET) 6B Renovation Project

**PROJECT NUMBER:** ITB 15-13255-JE

**ESTIMATED CONTRACT AMOUNT:** \$2,000,000.00

### PROJECT DESCRIPTION

The project scope of work will consist of complete interior demolition and renovations of the Holtz East Tower 6th Floor (6B) Nursing Unit at Jackson Memorial Hospital. The interior renovations will be to existing 13,100 square foot of pediatric med/surg inpatient unit, to a new pediatric med/surg, oncology, hematology and bone marrow transplant patients unit. All interior finishes are to be upgraded and MEPFP systems will be completely upgraded. The work will take place within an active pediatric healthcare setting on the 5th and 6th floor of the Holtz Women and Children Hospital. The estimated project is \$2,000,000.00.

### Minimum Requirements and Special Conditions:

Bidders **(General Contractors)** shall hold a current Certificate of Competency and/or license from the State of Florida as either a **RGC or CGC (Registered or State Certified General Contractor)**. The General Contractor shall have experience of successfully completing **a minimum of two (2) similar interior renovation projects within a healthcare facility within the last seven (7) years**. Bidders shall also have knowledge, experience, and familiarity with current codes and requirements of authorities having jurisdiction; Agency for Health Care Administration (**AHCA**) & City of Miami, and knowledge and experience of providing construction services within an operational building where systems and services must continue without interruptions.

**Mechanical, Electrical, and Plumbing Sub-contractors** shall hold a current Certificate of Competency and/or **applicable license from the State of Florida** in order to complete the required scope of work, and shall provide evidence of successfully completing a minimum of two (2) similar healthcare facilities projects that required **AHCA** review and inspections within the past seven (7) years. The electrical sub-contractor shall have knowledge and experience of NEC (2008) Article 517, and NFPA 99 (2005) Chapter 4.

| <u>Trades/Sub Trades</u>         | <u>Estimated Cost</u>                 |
|----------------------------------|---------------------------------------|
| Demolition                       | \$30,000                              |
| Drywall/Framing                  | 75,000                                |
| <b>Mechanical</b>                | <b>325,000 (Special Requirements)</b> |
| <b>Electrical</b>                | <b>450,000 (Special Requirements)</b> |
| <b>Plumbing</b>                  | <b>325,000 (Special Requirements)</b> |
| Fire Alarm                       | 45,000                                |
| Fire Sprinkler /Fire Suppression | 35,000                                |
| Painting                         | 35,000                                |
| Flooring                         | 215,000                               |
| ICRA Labor                       | 15,000                                |
| Doors & Frame                    | 150,000                               |
| Ceiling                          | 50,000                                |
| Finishes/Millwork/Accessories    | 250,000                               |

## 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](mailto:coralee@miamidade.gov) or via fax (305) 375-3160 attention Mrs. Coralee Taylor.

**\*Please check ALL that apply:**

\_\_\_\_\_ **Proposer: General Contractor** hold applicable license; completed minimum of two (2) similar interior renovation projects within a healthcare facility within the last seven (7) years; have knowledge, experience, and familiarity with current codes as indicated above; meet the requirements as indicated

\_\_\_\_\_ **Subcontractors: Electrical, Mechanical & Plumbing:**

Have evidence of successfully completing a minimum of two (2) similar healthcare facilities projects that required AHCA review and inspections within the past seven (7) years; meet the licensing on all other requirements as indicated.

\_\_\_\_\_ **Electrical Contractor:** Have knowledge & experience of NEC (2008) Article 517 & NFPA 99 (2005) Chap.4

\_\_\_\_\_ **Mechanical Contractor**

\_\_\_\_\_ **Plumbing Contractor**

\_\_\_\_\_ I am not interested in bidding on this contract because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

| Similar contracts completed at hospitals/medical facilities within the past 5 years:<br>(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: \_\_\_\_\_