



June 29, 2015

Re: **ITB 15-13256-JE - Jackson South Community Hospital (JSCH)
4th FLOOR In-Patient Unit Renovations 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 2ND 2015 at 3:00pm.** 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: Jackson South Community Hospital (JSCH)
4th FLOOR In-Patient Unit Renovations Project

PROJECT NUMBER: ITB 15-13256-JE

Estimated Contract Amount: \$5,362,500.00

(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

Currently Awarded Projects (Name of Project and Owner)	Project Completion Date	Contract Amount	Anticipated Awards

VERIFICATION OF AVAILABILITY TO BID

CONTRACT TITLE: Jackson South Community Hospital (JSCH)
4th FLOOR In-Patient Unit Renovations Project

PROJECT NUMBER: ITB 15-13256-JE

ESTIMATED CONTRACT AMOUNT: \$5,362,500.00

PROJECT DESCRIPTION

Scope of work: Interior renovations at Jackson South Community Hospital (JSCH) of the existing **4th Floor** which was left shelled for future fit-out as part of the previous (JSCH) expansion project. The interior renovation will match the existing In-patient Nursing Unit below, which includes 24 Medical/Surgery single patient rooms of approximately 20,013 square feet. This renovation includes major mechanical, electrical, and plumbing (MEP) work, fire protection, fire alarm, drywall, acoustical ceilings, flooring, new finishes including doors and hardware, and painting.

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 healthcare interior renovation projects with a minimum of 10,000 square feet 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**), Miami-Dade County Building Department, and knowledge and experience of providing construction services within an operational building where systems and services must continue without interruptions.

Mechanical & Electrical 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.

Mechanical Sub-contractor shall also provide evidence (licenses and/or certifications) and a minimum of two (2) projects within the last seven (7) years of providing welding, brazing, medical gas, and potable water scope of work in a healthcare facility.

Electrical Sub-contractor shall also provide evidence of successfully completing minimum of two (2) projects within the last seven (7) years in a healthcare facility that required knowledge of NEC (2008) Article 517, and NFPA 99 (2005) Chapter 4.

Trades/Sub Trades Estimated Percent of work

Demolition 0.3%; Medical Gases/RO Systems 5%; Plumbing 10 %
Drywall/Metal/Studs 7%; Doors/Frames/Hardware 1.4%; Acoustical Ceiling 2%
Fire Protection 11.9%; Fire Alarm 9%; Misc. Firestopping/Fireproofing 0.4%
Painting 2.3%; Flooring 4.5%; Hard Tile 3%; Case Work/Millwork 3.2%

Mechanical 20% (Special Requirements)

Electrical 20% (Special Requirements)

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.

***Please check ALL that apply:**

____ **Proposer: General Contractor** hold applicable license; completed minimum of two (2) similar healthcare interior renovation projects with a minimum of 10,000 square feet within the last seven (7) years; have knowledge, experience, and familiarity with current codes & requirements of authorities having jurisdiction; Agency for Health Care Administration (AHCA), Miami-Dade County Building Department, and knowledge and experience of providing construction services within an operational building where systems & services must continue without interruptions.

____ **Subcontractors: Electrical & Mechanical**

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 and all other requirements as indicated.

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

____ **Mechanical Contractor Completed a** minimum of two (2) projects within the last seven (7) years of providing welding, razing, medical gas, and potable water scope of work in a healthcare facility.

____ **I am not interested in bidding on this contract 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: _____